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ABSTRACT

This sourcebook of mental health related psychological measures consists of approximately 1,100 abstracts. Each of these abstracts provides certain identifying information followed by a brief description of a questionnaire, scale, inventory, test, or other measuring device. Abstracts have been classified and grouped into 45 clusters of instruments sharing a similar purpose, character, or both. Each entry is divided into two major sections. The first section provides identifying information in the following order: (1) title of measuring instrument; (2) source of instrument (article, book, mental health, etc.); name(s) of instrument author(s); and (4) address of the author. The second section is a 200-300 word description of the instrument. Instructions for obtaining a copy of the instrument are presented at the end of each abstract. An author and title index are included. (Author/SE)

ED 096350

A SOURCEBOOK FOR MENTAL HEALTH MEASURES

Incorporating the final report on "A Taxonomy of Data-collecting Devices," NIMH Grant No. MH 19611

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Prepared for
National Institute of Mental Health
Department of Health, Education & Welfare
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ACKNOWLEDGEMENTS

This volume has been produced through the efforts of many people. Hundreds of social scientists have provided information about measuring instruments they have devised or used. Some of these contributions are acknowledged through authorship on instruments described in this volume. Many other contributors, however, are not listed as instrument authors. Although their names do not appear, they helped make the volume possible.

Too many staff members worked on the project to list all their names as authors, even though their contributions to this volume were vital. Instrument abstracts were prepared by Marlene Doreck, Harriet Stambul, Diana Solar, Kay Jamison, Frances Berger, Corinne Comrey, Howard Lee, Synthia Mirov, Lynette Robe, Paul Christensen, Terri Price, Clairice Viet, Ed Brandhurst, and Lois Starr, as well as by the instrument authors themselves. Diane Robin organized the filing system for instrument materials and handled most of the correspondence. In the latter stages of the project, Lynette Robe worked with the authors in editing all the abstracts, and the rest of this volume; she also supervised clerical operations, preparation of materials for the National Clearinghouse for Mental Health Information (NCMHI), and the production of the present volume. Secretarial responsibilities were ably handled by Suzanne Venesta, Ann Sanders, and Annette Swanberg.

Special thanks are due NIMH project officers Mrs. Irma Lann and Dr. Charles Windle, and Dr. Howard R. Davis, Chief, Mental Health Services Development Branch, NIMH. Mrs. Carrie Lee Rothgeb of NCMHI offered helpful suggestions for the preparation of our instrument descriptions for entry into the Clearinghouse computerized storage and retrieval system.

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I. INTRODUCTION

A great deal of effort is devoted each year by social scientists to the development of questionnaires, rating scales, inventories, and the like, for use in research or service efforts. It is not uncommon for a researcher to devote much time devising a measuring instrument without realizing that someone else already has done the work of developing such a device. This duplication of effort is rendered more probable by the fact that many psychological measures currently in use have never been published or otherwise made available widely. Numerous instruments that are in print can be purchased only through little known publishers, or are hidden away in limited-edition, inaccessible reports. Some measures have been described in journal articles or monographs, but almost as incidentals to the main thrust of the publication. The net effect is that numerous psychological instruments exist that are unfamiliar to many individuals who might find them of value.

Obviously, inaccessible measuring instruments constitute a considerable waste of resources. Each year, many thousands of dollars are invested by the National Institute of Mental Health and other sponsoring agencies to support the development of new psychological measuring instruments. Beyond this, valuable professional time is devoted to test development that duplicates or underutilizes the efforts of others. A real communication gap seems to exist, therefore, in the field of psychological measurement between instrument developers and instrument users.

Helpful as they are, presently available information exchange mechanisms, such as the Buros Mental Measurements Yearbook, have not been able to bridge fully this significant communication gap. In recognition of this need, the NIMH Mental Health Services Development Branch funded a project originally proposed by Dr. Edward M. Glaser of the Human Interaction Research Institute (HIRI) to make information about psychological measures more readily accessible to potential users in the mental health field. The background, methods, and results of that project, "A Taxonomy for Data-collecting Devices," are the subject of this report.

The Human Interaction Research Institute (HIRI) is a nonprofit corporation founded in 1961 One of its major organizational goals is to facilitate utilization of existing validated scientific information in the human services field. Research evidence has been mounting to support the assertion that knowledge is being created faster than it can be utilized with present-day techniques of absorption and implementation. Through research, demonstration projects, and other methods, HIRI endeavors to find more effective ways to put existing knowledge to use. The project described in this report is one of these efforts.

II. BACKGROUND OF THE PROJECT

The original project proposal to NIMH was entitled "A Taxonomy of Data-collecting Devices." As this title implies, part of the original plan was to develop a taxonomy or classification scheme based upon a study of available psychological measuring instruments having possible utility in mental health. A panel of experts in psychometrics and mental health research was to have been assembled to participate in the development of this taxonomic system. The intent was to collect a sample of about 300 data-collecting instruments, study them, abstract relevant descriptive information and then develop broad outlines for a taxonomy. Next, refinements were to be made in this taxonomic system both by project staff and outside reviewers. Finally, there was to be a collection, processing, and classification of additional measuring instruments until the taxonomic system encompassed a total of 1,000 measuring instruments. Soon after the project began, however, it became necessary to make a major change in the procedural plan.

The National Clearinghouse for Mental Health Information (NCMHI). Early in the project it was learned that the National Clearinghouse for Mental Health Information had computer facilities to store and retrieve mental health information. Arrangements were made to enter into this system the information about psychological measures to be gathered by the Taxonomy project. Since NCMHI is a widely accessible information resource, this step seemed to increase the ultimate potential utility of the present project's body of data about psychological measures.

There were, however, several immediate consequences of the decision to utilize the NCMHI computerized information dissemination system. One was that the information gathered for each measuring instrument had to be condensed into an abstract of about 300 words or less. Information is stored in the NCMHI system in the form of a brief document description. This information unit consists of a standardized set of descriptor terms followed by an abstract of the document itself. The NCMHI system is designed primarily to provide its users with abstracts of articles, books, and other documents related to mental health. With some adaptation, however, it proved possible to fit measuring instrument descriptions into the NCMHI format.

Instrument descriptions entered on the NCMHI computer storage system would be retrieved through search queries, e.g., for a particular content category, along with abstracts of other kinds of documents. It was concluded that the potential gain in dissemination capacity through using the NCMHI system would outweigh any disadvantage incurred by the amount of information registered for each individual measuring instrument. Also, information could be included in each abstract to permit interested readers to obtain more details, e.g., by correspondence with the test authors.

A second major consequence of using the NCMHI system was abandonment of plans to develop a formal taxonomy. The NCMHI computer retrieval system retrieves document abstracts on any word contained in the body of the abstract, as well as on descriptor terms. The original reason for developing the taxonomic system was to facilitate access to the body of information about measuring instruments. Since no taxonomic scheme seemed likely to improve on the retrieval capability of the NCMHI system, this part of the project plan was discontinued.

The Institute for Social Research Project. Modifications in project plans also were required when it was learned that a similar project was already underway at the University of Michigan. Dr. Sidney Cobb, of the Institute of Social Research (ISR), had received a grant from another branch of NIMH to prepare descriptions of mental-health-related psychological measuring instruments. Some 800 test descriptions already had been prepared by this project, and a computerized storage and retrieval system was being developed for the ISR data base. ISR project staff had obtained information about their measuring instruments largely through volume-by-volume searches of social science journals. Thus, the ISR instruments described tended to be fairly well-known psychological tests already widely referenced in the research literature.

An information exchange took place between the two projects, involving lists of instruments already processed or awaiting processing. It was determined that in fact, there was considerable duplication in the two lists of instruments. Since the ISR project was already well advanced compared to the HIRI project, duplication of effort seemed avoidable only through a change of course for the HIRI project.

Thus, with the approval of NIMH, the HIRI project was redirected to focus on lesser known psychological measures that had not been published at all or were not among the 800 already described by ISR. The redirection did not create a very neatly defined universe of instruments for the HIRI project to work with, but it did come to terms with the practical reality of avoiding a major duplication of effort.

Universe of Measuring Instruments Sampled. The universe of measuring instruments from which HIRI project instruments has been taken, therefore, consists of a loosely defined collection of tests, questionnaires, rating scales, inventories, and other devices, with most of the major, well-known psychometric instruments eliminated. Measures already abstracted by the ISR project have not been included. The approximately 1,100 instruments included in the HIRI project collection represent merely a sample from the universe of unpublished measuring instruments. They comprise only the instruments turned up by HIRI project search methods with enough information to prepare an abstract of potential utility for mental health research or service.

The task of the HIRI project was made considerably more difficult by the redefinition of areas of responsibility between HIRI and ISR described above. Access to information was made not only more difficult but also more costly. Fortunately, discontinuation of plans to develop a taxonomic scheme freed enough project resources to perform this more complex information search. Yet another consequence of restricting the area of project inquiry to lesser known instruments was that the average instrument included has relatively less information available about it and is in a more primitive state of development. In fact, many of the instrument descriptions prepared are somewhat sketchy, simply because little information was available.

III. PROCEDURE

Procedural steps followed in carrying out the HIRI project may be organized into four broad categories: (1) locating measuring instruments; (2) obtaining information about the measures; (3) processing information; and (4) dissemination of project findings.

Locating measuring instruments. The following resources were employed to identify usable measures:

1. Psychological Abstracts were searched page by page for the years 1969-1971 in those topic areas deemed likely to yield references to a psychological measure of potential utility in mental health research or service. Authors and test names were extracted from the Abstracts.
2. Names of individuals listed in the membership directory of the Psychometric Society believed to have some experience in psychological testing were extracted through a page-by-page search.
3. A similar search was made of the directory of the Psychonomic Society.
4. The American Psychological Association directory was searched to identify members in Divisions 5 and 12 (Measurement and Clinical Psychology) believed to have some experience with testing in the mental health field.
5. A file of several hundred NIMH grant applications was searched for sample display or mention of appropriate measuring instruments.
6. A listing of titles of NIMH grant projects funded from 1968 through 1971 was searched for projects that might have used or created measuring instruments. Names and addresses of principal investigators were extracted from these listings.
7. NIMH provided HIRI with a special list of NIMH-funded research grants where the use of measuring instruments was planned. This list provided additional names of potential test authors and users.
8. Catalogues of colleges and universities in the United States were searched for names of individuals teaching courses bearing some relationship to psychological

testing.

9. Names of instrument authors were extracted from the Buros Mental Measurements Yearbook where authors' instruments seemed related to mental health.
10. Notices about the HIRI project were placed in professional publications such as the American Psychological Association's Monitor newsletter. These notices requested that information about psychological measures relevant to mental health be sent to the project.
11. Test publishing firms listed in Buros Mental Measurements Yearbook were requested to furnish relevant instruments.
12. Chiefs of Psychology Services in Veterans Administration hospitals throughout the country were requested to alert members of their units who might have instruments to contribute.
13. Lists of instruments and their authors were obtained from the Drug Abuse Research Instrument Inventory maintained at the Boston City Hospital.
14. Lists of instruments and authors were obtained from the Research Reference Files of the Committee on Drinking Behavior, Society for the Study of Social Problems.
15. Lists of instruments and authors were obtained from the Counseling Research Measures Collection at Iowa State University.
16. Chairmen of psychology departments at American colleges and universities were requested to alert members of their departments who might have instruments to contribute.

Obtaining Information about the Instruments. The steps described above yielded a) names of individuals who might be authors of relevant psychological measures and, b) names of other individuals and specific instruments they were known to have developed or used. Thousands of names were turned up by these procedures. Form letters then were sent out to identified individuals, using professional directories or other sources to provide a current address. The materials sent out described the purpose of the HIRI Taxonomy Project and requested assistance, as follows:

> Our search indicated that you may be either the author or the user of an instrument that might be included in this taxonomy. Any reprints, references, and so on, you could send us would be greatly appreciated. We would particularly like to have two copies of any instruments. We are enclosing a list of the kind of information we would like to have in preparing the description of the instrument. We are interested in locating any measuring or data-gathering instruments that would be pertinent to mental health research or service. (We are not, however, interested in popular measures readily available from well-known publishing firms.) Any other suggestions you may have as to where we might locate suitable instruments would be greatly appreciated.

The kinds of information requested about each measuring instrument from the authors were:

1. Description of variables measured by the instrument.
2. Purpose of instrument (how and where it is intended to be used, subjects for which it is intended).
3. Description of the format of the instrument (type of instrument, number and type of items, sample item for each variable).
4. How the instrument was developed (including research background).
5. Administration and scoring of instrument (type of administration, time needed to administer, method and time required for scoring, normative data).
6. Reliability data.
7. Validity data.
8. Response set controls.
9. Major applications of the instrument to date.
10. How to get a copy of the instrument.
11. Any available essential references on the instrument.
12. Address of the instrument's author.

Preparing information of this nature represented a considerable burden to the author or user in some cases. The HIRI project's budget did not contain provisions for payment to authors for time invested. A few authors declined to provide information unless they were to be paid for their efforts. Unfortunately, it then was necessary to exclude their instruments from the collection. In other cases, authors were unable to provide much information simply because it was unavailable.

Information about measuring devices came in many forms. A few responding contributors furnished copies of the instrument itself, reprints in which its development or use was described, and unpublished materials detailing developmental work. In some cases, test manuals were made available. In the majority of cases, however, the amount of information available about a given measure was limited indeed, often nothing more than a copy of the instrument itself or an unpublished paper about it.

Follow-up procedures thus were developed to request further information for those instruments initially sent in with insufficient descriptive material. A form letter was sent out to the contributor along with a checklist of missing categories of information. In many instances, these requests yielded additional relevant information. It was clear, however, that information would remain very limited at best for many of the instruments.

Processing Information. When all available information apparently had been received, the file for a given instrument was turned over to an abstract writer who studied available materials and prepared a preliminary abstract description. Most of these abstract writers were graduate students in psychology, although two undergraduates and two professional PhD psychologists also participated. Descriptions were written using a suggested format guide to promote consistency of style. Suggested sentence stems and a standard order of presentation for the material were part of this guide. The abstracts also had to be prepared according to NCMHI requirements. These included some unusual dictates for punctuation, entry of numerals, use of underscoring, and other variations from standard English usage. In general, abstracts also were to be limited to 200-300 words in length.

After a draft abstract had been prepared and edited by HIRI project staff, it was sent out along with another form letter to the original contributor. Since in some cases this contributor was not the author of the test, an effort was made to identify the actual author and to send a copy of the draft to him as well. The form letter requested that the contributor and/or author edit the abstract for completeness and accuracy. In this way, it was possible for the contributor both to correct errors that abstractors might have made in describing the instrument and to furnish additional information not available when the description was prepared.

Many of the contributors were given the opportunity to prepare their own abstracts for the measuring instruments they had provided. The contributor was informed that if he preferred not to prepare his own abstract, the HIRI staff would do so and mail out a draft for his editorial critique.

After a certain length of time had elapsed, abstracts were written for those instruments whose contributors had not responded to the request outlined above. The abstract drafts were mailed to authors for editing. If no reply had been received after several weeks, the description was finalized, assuming that the contributor either found the description satisfactory or did not choose to edit it. Abstracts were then edited again by HIRI project staff and prepared in final format for submission to the Clearinghouse.

Disseminating Information. At the end of the project, over 1,100 descriptions of mental health related psychological measures had been prepared and submitted to NCMHI. In addition to making these abstracts and the information they contain available to the scientific community through the NCMHI computer retrieval system, the HIRI Taxonomy staff felt that utilization of project results would be increased by making the abstract collection available in printed form. Thus, it was decided to make the final report for the project a document containing not only relevant details of project work but also its results, in the form of the approximately 1,100 abstract descriptions prepared. These abstracts make up the Sourcebook which is described in the next section.

IV. DESCRIPTION OF THE SOURCEBOOK

The Sourcebook of mental health-related psychological measures, which constitutes the bulk of this final report, consists of approximately 1,100 abstracts. Each of these abstracts provides certain identifying information followed by a brief description of a questionnaire, scale, inventory, test, or other measuring device. Most descriptions are less than 300 words in length. These 1,100 abstracts constitute the great majority of those submitted to the NCMHI for entry into their computer retrieval system. A few of the less relevant items were omitted to keep the volume to a manageable size. Only minor modifications have been made in instrument descriptions for this volume. Some of the document identification and classification terms required for the NCMHI system have been omitted where these would be of no particular value to the reader.

Abstracts have been classified and grouped into 45 clusters of instruments sharing a similar purpose, character, or both. The breakdown of this classification system is shown in the Table of Contents. Abstracts are presented consecutively with headings separating each instrument cluster. Each major heading starts on a new page. The individual abstracts are organized fairly simply, with each entry divided into two major sections. The first section is a heading which presents identifying information in the following order: (1) title of measuring instrument; (2) source of the instrument (journal article, book, mental health center, etc.); (3) name(s) of the instrument author(s); and (4) address of the author, or first author in cases of multiple authorship. The second section is the abstract description itself. Information about how to obtain a copy of the instrument is presented at the end of each abstract.

An alphabetized list of authors follows the 1,100 instrument descriptions, indexing abstracts by author name. An alphabetical listing of instrument titles follows the author index.

Uses. The Sourcebook can be used to locate an instrument that might be employed in a research or service effort, obviating the need to build a new one from scratch. A research worker with a particular need might thumb through the abstracts under those headings most relevant to his work, looking for an instrument that might be useful. He can also scan the list of instrument titles. Having located one or more potentially usable measures, he can then consult the author or other indicated source to obtain more information and a copy of the instrument.

Staff members of mental health treatment facilities may be able to make similar use of the volume. Substantial savings in instrument development expense should occur as a result of the availability of this volume and the companion information stored on the NCMHI computer retrieval system.

A second major use to which this volume can be put may, in the long run, overshadow the one first mentioned. This second use is to consult the Sourcebook for ideas rather than for immediately useful instruments. Research or service needs for any given measuring instrument often are so idiosyncratic that no available test will precisely fill the bill. On the other hand, there may be an instrument that could be modified to meet specific needs, thus still saving a great deal of effort. In other cases, the Sourcebook may provide ideas that can be adapted to serve as the basis for development of an entirely new measure designed to meet some particular need.

How To Obtain a Copy of This Report. Subject to the availability of funds, copies of this report will be distributed to instrument authors and to a certain number of others in the mental health and measurement fields. HIRI also will endeavor to keep the volume available upon request at the cost of reproduction plus a nominal handling charge. Interested parties may request a copy from the Human Interaction Research Institute, 10889 Wilshire Boulevard, Los Angeles, CA 90024, telephone (213) 879-1373. An order form will be sent upon request which can be returned with prepayment of the exact cost for the volume.

V. OTHER SOURCES OF INFORMATION

The present volume contains descriptions of only about 1,100 instruments. This does not even include all the measures for which abstracts were submitted to NCMHI; it certainly does not begin to exhaust the universe sampled by this project. Even the universe sampled excludes a great many important measuring instruments of potential or immediate utility to mental health professionals, both practitioners and researchers. The purpose of this section is to provide the reader with brief descriptions of some other resources that he can explore in his search for information about psychological measures.

The Sourcebook contained in this report is not designed to stand alone; it is intended to be a supplement to the sources listed below. The user will ordinarily be obliged, therefore, to examine some of these additional sources as well as the Sourcebook in order not to miss important items of interest. Most of the resources described below are discussed in greater detail in a recent paper produced in connection with this project (Backer, 1972). The reader may wish to consult this source for additional details. Much of what follows has been extracted from that paper (by permission of the editor of *Psychological Reports*).

Volumes of Test Descriptions. The classic reference in this area, is, of course, the Buros *Mental Measurement Yearbook* (Buros, 1972) which contains evaluative reviews of many kinds of published psychological tests, many of which are of potential value in mental health research. Buros also has volumes on reading tests (1968) and personality measures (1970). The *Bibliography of Mental Tests and Rating Scales* (Hildreth, 1939) may be of use in identifying psychological measures no longer in print or in active research use. Published volumes of test descriptions also have been assembled for the following areas: personality (Cattell & Warburton, 1967); political attitudes (Robinson, Rusk & Head, 1968); occupational attitudes (Robinson, Athanasiou, & Head, 1969); social-psychological attitudes (Robinson & Shaver, 1969); miscellaneous attitudes (Shaw & Wright, 1967); sociometric scales (Miller, 1964); family measurement (Straus, 1969); sociological measures (Bonjean, Hill & McLemore, 1967); child development (Johnson &

Bommarito, 1971); elementary school tests (Center for the Study of Evaluation, 1970); and pre-school and kindergarten tests (Center for the Study of Evaluation, 1971).

The Institute for Social Research Repository of Information on Psychological Measures. For more than two years a group of researchers at the Institute for Social Research (ISR), University of Michigan, has been working under a grant from the National Institute of Mental Health to develop and implement a computerized storage-retrieval system of information on psychological measures. The introduction to the Repository User's Manual (available upon request from ISR) presents the following as the major goal of the ISR system:

> The repository is designed to serve reviewers and/or users of psychological measures as well as researchers. By providing updated, comprehensive information expediently, it will shorten lengthy, search time, reduce cost, and alleviate dangers of omission, non-coverage or bias . . . By exposing the uneven quality and large number of measures for a given area, the repository will have the beneficial integrative effects by pointing out the areas of needed research and highlighting the relative strengths and weaknesses of each measure.

For each measure, the Repository provides three types of documentation: 1) primary reference (bibliographic reference to the first appearance in the literature -- author, title of the article or book, source, pages, etc.; the name of the measure; content labels by which the measure can be retrieved); 2) description (relevant summary data about the instrument such as the number of items, test format, sample item, strategy of test construction, reliability, validity correlates, norms, etc.); and 3) applications (references to other publications in which the measure has been used, mentioned, revised, or retrieved). An individual application reference is annotated by tagging it with categories such as reliability, validity correlates (physiological, behavioral, demographic, etc.), cross-cultural application, dimensional analysis, normative data, sample size, sample description, etc.

By specifying a given content area of interest, a user could quickly inform himself of the variety and diversity of relevant measures. Furthermore, by requesting descriptions of specific measures, the user can learn a great deal about the properties, strengths, and weaknesses of individual measures. For any measure, a request for a listing of applications also can be made, thus obtaining an instant bibliography of applications. A combined use of these three types of information retrieval should provide a considerable saving to researchers, reviewers, and teachers.

Through a search of 27 measurement-related journals in psychology, sociology, and education for the 1960-1970 period, the ISR Repository now has identified over 3,000 measures and over 6,000 applications of these measures. A compilation of these measures and their applications will be published as a reference book in November 1973 by the Institute for Social Research, University of Michigan:

> Measures for Psychological Assessment: A guide to 3,000 original sources and their applications. (by Ki-Taek Chun, Sidney Cobb, and John R. P. French, Jr.)

In the interim, inquiries should be directed to Dr. Ki-Taek Chun, Institute for Social Research, University of Michigan, P. O. Box 1248, Ann Arbor, MI 48106. Telephone - (313) 763-4326.

SCALES/RIQS. The Program of Research on the Management of Research and Development (POMRAD) at Northwestern University, Department of Industrial Engineering and Management Sciences, maintains an inventory of instruments in the area of organizational behavior, management, and research and development laboratories. The SCALES file contains copies of instruments and information about them; some of these data may be retrieved or searched by computer using the RIQS computer program, the SCALES computer tape, and the SCALES/RIQS instruction manual (POMRAD Document 70/24). The inventory of measures may be searched manually at no charge; computer search requires purchase of time at the Northwestern Computer Center. The SCALES system presently is available for use only by individuals physically present at the computer; user requests by mail or phone cannot be processed or answered. Additions to the inventory are prepared each year by graduate students in the organization theory program; currently there are over 350 instruments in the inventory. The SCALES system is maintained under the over-all supervision of Professor A. H. Rubenstein. Inquiries concerning the use of SCALES/RIQS should be directed to Daniel L. Kegan, PhD, Department of Industrial Engineering and Management Sciences, The Technological Institute, Northwestern University, Evanston, IL 60201.

Clearinghouses. The following clearinghouses for scientific and technical information in various areas of the social and health sciences sometimes may be useful in securing data about a given measurement area. The resources and operations of these facilities are presented in much greater detail in the NIMH publication: Planning for Creative Change in Mental Health Services: Information Resources and How to Use Them (NIMH, 1971). This manual also provides detailed descriptions of a number of indices, periodical reviews, and digests that may be helpful in making information searches.

a) Center of Alcohol Studies. Rutgers University, New Brunswick, NJ 08903. The Center, aided by a grant from the National Institute of Mental Health, collects, classifies, and abstracts scientific literature on alcohol and alcoholism. A pamphlet describing documentation facilities and various services may be requested from the Center. Abstracts prepared by the Center may identify or describe measures useful in the study of alcoholism and drinking behavior.

b) Clearinghouse for Research in Child Life. Social and Rehabilitation Service, Department of Health, Education and Welfare, 330 Independence Avenue, S. W., Washington, DC 20201. This clearinghouse provides information about current research relating to children and their families and about different public and private services for children. Abstracts of documents are published biannually; as with item (b) above, this facility would be most useful for obtaining copies of documents already identified as pertinent to a particular measure. Copies of Clearinghouse publications may be purchased from the U. S. Government Printing Office.

c) Education Resources Information Center (ERIC). Office of Education, Department of Health, Education and Welfare, Washington, DC, 20201. As the central clearinghouse concerned with the dissemination of information about American education and education research, ERIC publishes a variety of documents available in either paper copy or microfiche. The ERIC abstracts may be searched to identify documents concerned with various types of educational measures.

d) Institute for Scientific Information (ISI). 325 Chestnut Street, Philadelphia, PA 19106. This organization provides a number of computer-assisted information dissemination and retrieval services, e.g., a literature search on some specified topic. Further information about ISI facilities and the fee structure for services performed may be obtained by writing ISI or through reference to the NIMH information resources manual (NIMH, 1971).

e) Medical Literature Analysis and Retrieval System (MEDLARS). National Library of Medicine, 8600 Rockville Pike, Bethesda, MD 20014. The MEDLARS system indexes documents from some 2,300 journals, including many in the psychological and psychiatric literatures, from 1963 to date. Preparation of computer-generated citation lists on particular topics is among the services offered by MEDLARS through its field-station outlets (MEDLINE). Further information about how to use the MEDLARS system, and about the fee structure for services offered, may be obtained by writing to MEDLARS. This system could be used to retrieve references on broad topic areas in psychological measurement, although it may be less successful in obtaining citations on very specific topics or particular instruments.

f) National Clearinghouse for Mental Health Information (NCMHI). National Institute of Mental Health, 5699 Fishers Lane, Rockville, MD 20852. The Clearinghouse has in computer storage more than 100,000 abstracts on various topics in mental health research and service (including, of course, the 1,100 reproduced in this volume). Abstracts can be retrieved for a specific topic and a computer printout prepared free of charge to the information seeker. The Clearinghouse's facilities might be particularly useful for obtaining an overview of some field of psychological measurement. Retrieval of abstracts on some particular instrument also would be possible with the NCMHI system.

g) National Technical Information Service (NTIS). U. S. Department of Commerce, Springfield, VA 22151. The Clearinghouse provides for a fee paper or microfiche copies of government-sponsored research publications as well as translations of foreign technical literature. This resource would be most useful for obtaining further information about an instrument already known to be included in some specific government research project.

Some other American clearinghouses for scientific information not listed here are described in the above-mentioned NIMH publication (1971). MEDLARS and NIMH are the two facilities which seem best suited to the retrieval of information about psychological measures, although any of the others could be useful in certain cases. Those seeking additional sources of information might also contact the National Referral Center for Science and Technology (Library of Congress, 10 First Street, S. E., Washington, DC 20504), a facility designed to direct information seekers to public or private resources most likely to be of help to them. The Center provides the name, address, and a brief description of each information source that might be useful to the information seeker. The Center also publishes directories of information resources (National Referral Center for Science and Technology, 1965).

Drug-Abuse Research Instrument Inventory. The Psychiatry Service of the Boston City Hospital maintains a file of instruments pertinent to the study of drug addiction. Copies of listed instruments and bibliographies of references about them are available to interested professionals at the rate of $0.35 per page within the U. S. ($0.50 per page outside) to help defray mailing and handling costs. The inventory solicits drug-abuse-related instruments from all researchers working in this area. Its files are divided into the following categories: drug attitudes, measurement of subjective effects of drugs, differentiation of abusers, access and extent, education and knowledge, drug-abuse programs and program evaluation. Further information, including a list of all instruments currently available, may be obtained by writing to E. W. Ferneau, Jr., Custodian, Drug Abuse Research Instrument Inventory, Boston City Hospital, Psychiatry Service, 249 River Street, Mattapan, MA 02126.

Research Reference Files of the Committee on Drinking Behavior, Society for the Study of Social Problems. These files constitute an archive of research instruments that have been used in research on drinking behavior and alcoholism. Their function is to make available to researchers copies of these instruments as an aid to the design of new instruments and for research about them. An inventory of the several hundred instruments available from the files lists the title of the measure, its author, and citations of publications or reports in which the measure has been used. Copies of the instruments are available at $0.15 per page to help defray duplicating and mailing costs. The files solicit instruments from all researchers working in the area of alcoholism. They are divided into the following categories: High school and early drinking experiences, college drinking, drinking and drinking history and attitudes toward drinking, alcoholics and AA, police and drunkenness studies, problem drinking and alcoholism in industry, hospitals, medical treatment, social agencies dealing with alcoholics, surveys -- community and larger, and special topics. Reprints of studies using a particular measure, or a note from the instrument author describing applications, also are solicited so that inquiries about the use of the instrument and results obtained can be answered. These files eventually may be transferred intact to the Rutgers University Center of Alcoholism Studies to become an established service function of that facility. At present, inquiries about the files should be directed to

Ralph G. Connor, PhD, Custodian, Research Reference Files, Professor of Sociology,
Eastern Washington State College, Cheney, WA 99004.

Counseling Research Measures; Dr. Donald Zytowski and Dr. Ellen Betz of Iowa State University have collected some 200 instruments in the general area of counseling research. The instruments are grouped into the following categories: counselor selection instruments; counselor personality traits; counselor activities or roles; process measures of the counselor; client perceptions of counselor; client satisfaction with counselor or counseling; expectations of counselors and counselee; client diagnosis or adjustment; Q-decks for clients; predictors of client improvement; process measures of the client; client behavior, change, or improvement; client readiness for termination, discharge or placement; counselor and client concurrent measures; group counseling descriptors; training and supervision. A list of these instruments that includes the name of each measure, its author, and the author's address may be obtained by writing to Donald G. Zytowski, EdD, Assistant Director, Student Counseling Service, Iowa State University, Ames, IA 50010.

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VI. CONCLUSION

Correspondence and personal contact with test authors and users have revealed a high degree of interest in this project. This interest has encouraged the HIRI staff to hope that the efforts of this project will indeed be of significant service to the mental health research and service communities.

HIRI also has been encouraged to consider the possibility of issuing supplements to this volume from time to time as additional new test materials accumulate. Whether this type of extended services can be offered would depend, of course, upon obtaining additional funding. For the moment, however, HIRI will concern itself with gathering information on the use of the present volume to ascertain whether its value to the scientific community proves to be as great as preliminary signs would appear to indicate. Many of the readers of this volume will be requested to return to HIRI a brief questionnaire concerning their evaluation of its usefulness to them in their work. These responses as well as unsolicited reactions by other readers who have not been directly contacted will be of great value in determining the advisability of expanding project work at some time in the future.

VII. THE SOURCEBOOK

ALCOHOLISM

ALCOHOL EDUCATION PROGRAM QUESTIONNAIRE

Philosophy and Evaluation of an Alcohol Education Program. Quarterly Journal of Studies on Alcohol, 1968, 29(3), 685-702.

Williams, Allan F., Di Circco, Lena M., & Unterberger, Hilma, 29 Commonwealth Avenue, Boston, MA 02116

The Alcohol Education Program Questionnaire is an instrument designed to measure the effects of alcohol education on teenage populations. The questionnaire is intended for use as a research tool in evaluating the efficacy of alcohol education on changing attitudes toward excessive social drinking. The instrument is divided into three parts. Part I consists of two attitude scales both of which are Likert scales. The first scale, temperate use (TU), measures drinking, while the second scale, intemperate use (IU), measures attitudes toward heavy drinking. The TU scale contains 22 items which are answered on the basis of a 5-point scale of agreement-disagreement. A sample item is: "It is possible for alcohol to be used responsibly by people." The IU scale contains 20 items. A sample item is: "It is okay to get tight or drunk as long as you are in your own home." Response set controls consist of presentation of both positive and negative statements on each scale. Part II of the instrument consists of 15 true or false fact questions about drinking. A sample item is: "alcohol is described medically as a depressant." Part III contains 24 questions covering drinking behavior and attitudes of students and their parents. The questionnaire was developed through pilot research in which a large and heterogenous sample of items was given to a group of 135 high school students. The most discriminating items in each scale were selected. Reliability and validity data are presented in the source document. The instrument is self-administering and may be given as a repeated measure in followup research. To date, the major application of the instrument has been in a study of an alcohol education program reported in the source document. A copy of the instrument is available from Professor Ralph G. Conner, Division of History and Social Sciences, Eastern Washington State College, Cheney, WA 99004.

ALCOHOLIC EDUCATION SERVICE QUESTIONNAIRE

Drinking among Indian youth. Winnipeg, Manitoba: Alcohol Education Service, 1966.

Holloway, Robert, Alcohol and Drug Education Service, 104-109 Christie Building, 240 1/2 Notre Dame Avenue, Winnipeg, Manitoba, R3B 1N8, Canada

The Alcohol Education Service Questionnaire was designed to investigate the drinking behavior, attitudes, and beliefs of American Indian and Metis youths between the ages of 14 and 19 in Manitoba, Canada. The questionnaire was developed as part of a study aimed at: a) Investigating the drinking habits of Indian and Metis youth; b) Comparing these habits with those of the general adolescent population; c) Gathering data on the degree and prevalence of disfunctional alcohol use among this ethnic and age group. The questionnaire consists of 90 multiple-choice type questions requiring only a check to register a response. The questionnaire is divided into five sections. Section I taps information on the personal characteristics of the respondent (e.g., age, grade, sex, etc.); Section II taps information about the respondent's parents (e.g., education, drinking habits and drinking attitudes); Section III taps the respondent's drinking habits. Included are 10 items constructed as checks of veracity. Sample items are: "Have you ever seen your father drunk?"; "Alcoholics often suffer from a disease of the liver"; "Adults who drink are foolish"; "Have you ever been sick from drinking too much?" The questionnaire is self-administering and requires 30 to 60 minutes for completion. The questionnaire was administered to 888 Indian and Metis youths. Data revealed that drinking among Indian and Metis adults tends to be excessive, and drinking among Indian and Metis youth seems to reflect that of their elders. Further information may be obtained from the author. Copies of the instrument may be obtained from Ralph G. Connor, Chairman, The Research Reference Files, Department of Sociology, Eastern Washington State College, Cheney, WA 99004.

ALCOHOL EDUCATION STUDY-COLLEGE SURVEY

Murray, KY, Center for Alcohol Education, 1972.

Globetti, Gerald, Department of Sociology, University of Alabama, University, AL 35486

The Alcohol Education Study-College Survey is a questionnaire designed to identify important variables concerning attitudes and knowledge about alcohol, alcoholics, and alcohol education. The schedule is designed to be either self-administering or administered as an interview. Administration time takes approximately one hour. The instrument consists of 61 closed and open-ended questions organized under two major areas: "Personal and social data"; and "Drinking behavior." Sample items are: "In your opinion, how happy are your parents in their marriage?" (6-point scale); "Do you usually drink?" (5-point scale); "Do you ever feel guilty when you drink? 1) I don't drink, 2) yes 3) no." In a large scale survey using this instrument it was found that social and demographic factors are related to the use of alcohol; the user of alcohol tends to be involved in community life more than his abstaining counterpart; for a large portion of respondents, images of alcohol and alcoholism are based upon information of questionable quality; social and demographic factors are related to attitudes towards alcohol education (Pomeroy, G. S., & Globetti, G. The Mississippi story. A demonstration project in alcohol education. Administrative report #2, Department of Sociology and Anthropology, Mississippi State University, 1969, 1-53). A copy of the instrument is available from the author.

ALCOHOL EDUCATION STUDY-GENERAL SCHEDULE

Murray, KY, Center for Alcohol Education, 1972.

Globetti, Gerald, Department of Sociology, University of Alabama, University, AL 35486

The Alcohol Education Study-General Schedule is a questionnaire designed to identify important variables concerning attitudes and knowledge about alcohol, alcoholics, and alcohol education. The schedule is designed to be either self-administering or to be administered as an interview. Administration time takes approximately one hour. The instrument consists of 118 closed and open-ended items organized under eight major areas: "General information" ; "Community attitudes" ; "Images of alcohol education" ; "Awareness of need for alcohol education"; "Attitudes towards alcohol and drinking behavior" ; "Knowledge about alcohol and its use" ; "Drinking behavior." Sample items are: "Do you think drinking is morally wrong?" ; "What is your religious preference?" ; "In general what is your major source of information concerning alcohol or alcoholism?" In research applications of this instrument it has been found that the customs surrounding the act of drinking were similar in the Negro and white cultural systems of the communities surveyed. Further analysis revealed a general normative pattern concerning alcohol use by adults that penetrates both racial and regional subcultures (Globetti, G. The use of alcohol among Negro adults in two Mississippi communities. The Atlanta University Review of Race and Culture, 1968, 279-84). Another study using this instrument showed that acceptance of the recovered alcoholics is a function of education and social class position. Favorable attitudes toward the alcoholic accompany greater knowledge and communication about alcoholism. Despite the widespread acceptance of alcoholism as an illness, the recovered alcoholic is still viewed by some as possessing a blemished character and is often avoided (Globetti, G. Social acceptance of the recovered alchoholic. Inventory, 1968, 18(2), 28-31). A copy of the instrument is available from the author.

ALCOHOL EDUCATION STUDY-HIGH SCHOOL SCHEDULE

Murray, KY, Center for Alcohol Education , 1972.

Globetti, Gerald, Department of Sociology, University of Alabama, University, AL 35486

The Alcohol Education Study-High School Schedule is a questionnaire designed to identify important variables concerning attitudes and knowledge about alcohol, alcoholics, and alcohol education. The schedule is designed to be either self-administering or administered as an interview. Administration time takes approximately one hour. The instrument consists of 126 closed and open-ended questions organized under eight major areas: "Personal data" ; "Religious participation and attitude" ; "School participation and identification" ; "Social participation" ; "Family structure" ; and "Family relations" ; "Student attitudes" ; "Use of alcohol" ; and "Emotional feelings." Sample items are: "Do you often experience feelings of loneliness?" ; "Do you sometimes drink alone?" ; "I don't drink" ; "About how many evenings a week do you spend out with your friends?". In research applications of this instrument it has been found that less drinking can be expected in an abstinence setting, but among young people who do drink, alcohol problems may be relatively frequent and drinking styles disclose several dimensions frequently associated with alcohol abuse (Globetti, G. The use of alcohol among high school students in an abstinence setting. Pacific Sociological Review, 1969, 12(2), 105-108). In another study using this instrument, a relatively low incidence of teenage drinking in both Negro and white groups was observed. However, among both groups of students who did drink, alcohol problems appeared relatively frequent. (Globetti, G. The drinking patterns of Negro and white high school students in two Mississippi communities. Journal of Negro Education, 1970, Winter, 60-69. A third study (Globetti, G., & Horrison, D. B. Attitudes of high school students toward alcohol education. Journal of School Health, 1970, 40 (1), 36-39) found that high school students want to learn more about alcohol and its use but that few students actually receive such information. A copy of the instrument is available from the author.

ALCOHOL QUESTIONNAIRE

Standard system of psychiatry. Abbreviated edition, St. Louis, University of Missouri School of Medicine, 1972.

Sletten, Ivan W., Vlett, George A., & Hedlund, James C., 5400 Arsenal Street, St. Louis, MO 63139

The Alcohol Questionnaire is an instrument designed to provide information on a psychiatric patient's history of alcohol problems or abuse. The questionnaire is intended to be filled out by the patient a few days after admission and the information is forwarded to the responsible clinician. The questionnaire is designed for use at admission and also at followup to facilitate outcome and program evaluation studies. The Alcohol Questionnaire consists of 34 items of the forced choice type. Sample items are: "Average amount of hard liquor drunk"; "I usually start drinking because"; "Your symptoms due to drinking"; "Work history." The instrument was developed through pilot questionnaires of more extensive length which were condensed into the present one sheet form. The questionnaire is completed and computer scored. The computer report includes a narrative output, severity scale, and comparison of admission and followup score. To date the major application of the questionnaire has been in a computer data base within the Missouri Division of Mental Health. A copy of the instrument is available in the source document and a manual is also available from the Missouri Institute of Psychiatry, University of Missouri School of Medicine, 5400 Arsenal Street, St. Louis, MO 63139

ALCOHOLISM QUESTIONNAIRE

Toronto, Canada, Alcohol and Drug Research Foundation, 1963.

Marcus, Alan, [illegible]2 Bloor Street West, OISE, Toronto 5, Ontario, Canada 00081

The Alcoholism Questionnaire is an instrument developed to measure attitudes toward alcoholism and alcoholics. It was developed as the outcome of a factor analytic study. It consists of 40 statements to which the subject responds by checking a position on a scale extending from "completely disagree" to "completely agree." This self-administering device takes approximately 20 minutes to complete. A sample item is: "People who become alcoholics are usually lacking in willpower." Scoring yields nine factor scores: "Emotional difficulties"; "Loss of control"; "Prognosis for recovery"; "The alcoholic as a steady drinker"; "Alcoholism and character defect"; "Social status of the alcoholic"; "Alcoholism is an illness"; "Harmless voluntary indulgence"; and "Alcohol is addiction-producing." The instrument is intended for use primarily with professional persons and has been utilized in studying the attitudes toward alcoholism held by nurses, clergy, doctors, college students, and psychiatric residents. See also: Ferneau, E. W. Attitudes regarding alcoholism and alcoholics: A comparison of two groups of first-year psychiatric residents. British Journal of Addiction, in press. A copy of the instrument may be obtained by writing to Professor Ralph G. Connor, Custodian, the Research Reference Files, Department of Sociology, Eastern Washington State College, Cheney, WA 99004.

ALCOHOLISM PROGRAM RESEARCH INTERVIEW SCHEDULE

Alcoholism Program Research Interview Schedule, Tallmage, CA, Mendocino State Hospital, 1971.

Flint, Garry A., 9450 Laughlin Way, Redwood Valley, CA 95470

The Alcoholism Program Research Interview Schedule is a series of three instruments designed to obtain 3-month and 12-month postmeasurement of alcoholics who have participated in alcoholic rehabilitation programs. The variables measured in the interview schedule are: "Demographic information" (6 items); "Education" (2 items); "Hospitalization" (18 items); "Arrest record" (10 items); "Drinking history" (19 items per three months quarter, one year summary, 14 items); "Drug use" (11 items); "Social history" (14 items); "Living arrangements" (11 items); "Employment" (14 items); "Non-employment income" (7 items); "Health" (2 items); and "Interviewer reliability rating" (5 items). The instrument consists of nominal, interval, and binary (yes, no) scale items that are administered during an interview and precoded on the form for keypunching. Sample items are: "Have you ever been arrested for drunken driving?"; "When you were drinking did you typically go on binges?"; "If so, how often?"; and "Of your three closest friends, how many would you say drink quite a bit?" The instrument items were developed through two pilot studies. The instrument is administered within 16 days of hospital admission, three months after discharge and 12 months after discharge. These interviews take approximately one to two hours, 30 minutes and one hour respectively. Interinterviewer reliability is reported for most items to be .8 to .9. To date, the major application of the instrument has been to obtain data for a pre- and postanalysis of the effects of a federally funded alcoholic rehabilitation program at Mendocino State Hospital. A copy of the instrument is available from the author.

ATTITUDES OF HIGH SCHOOL STUDENTS TOWARD ALCOHOLIC BEVERAGES

Use of alcoholic beverages by Kansas high school students. Social Problems, 1958, 5, 317-235.

Baur, Jackson E., & McCluggage, Marston M., Department of Sociology, The University of Kansas, Lawrence, KS 66044

Attitudes of High School Students Toward Alcoholic Beverages is an instrument designed as part of a study attempting to examine the drinking habits of high school aged adolescents in metropolitan and nonmetropolitan communities of Kansas. The questionnaire is an interview outline. Responses to questions were secured by graduate students trained in interviewing techniques. The interview questionnaire was designed to yield information in the following areas: 1) Frequency and characteristics of alcohol usage (i.e., amount of consumption, and effects thereof); 2) Conditions of introduction to the use of alcohol (age of onset, influencing factors, etc.); 3) Parental attitudes toward the use of alcohol; 4) Social factors affecting student drinking; 5) Student opinions regarding the use of alcohol. The questionnaire consists of 43 multiple-choice questions. Sample items from the instrument are: "What is the highest grade your father completed?"; "What is your average grade in school?"; "If you drink away from home, do your parents know how much you drink?"; "Are most of the high school students you know who do not drink at parties 'regular' guys and girls?" The questionnaire is conveniently administered to groups of 25 students and requires 30 to 60 minutes for completion. Minor changes in wording would extend the questionnaire's applicability to areas outside Kansas. When the questionnaire was administered to 2,000 rural and urban Kansas high school students, significant differences in drinking behavior were found for the two groups. Drinking behavior was found to vary systematically with age and sex, irrespective of area of residence. Further information may be obtained from R. G. Conner, Division of History and Social Sciences, Eastern Washington State College, Cheney, WA 99004.

BEER-DRINKING HABITS OF MALE COLLEGE STUDENTS QUESTIONNAIRE

Urbana, Department of Sociology, University of Illinois, 1961.

Gusfield, Joseph R., Department of Sociology, University of California, San Diego, La Jolla, CA 92037

The Beer-Drinking Habits of Male College Students Questionnaire is designed to obtain information concerning the frequency and amount of beer consumption among male college students. A study describing the instrument's use may be found in Gusfield, Joseph R., The structural context of college drinking. *Quarterly Journal of Studies on Alcohol*, 1961, 22(3), 428-443. In this study, patterns of beer drinking were investigated as college behavioral norms which could be determined by either college culture or precollege influences such as family, religion, high school, etc. The questionnaire was given to elicit the respondent's own report of how often he usually drank beer. This report was validated by a diary in which the students were asked to keep a daily record of the amount, frequency, and type of drink consumed over a one-month period. No significant differences between the questionnaire and diary reports were found. The results were used to rank a sample of students into two approximately equal categories, "high users" (reported drinking beer twice a week or more) and "low users" (reported drinking beer less than twice a week). High use of beer was correlated with a number of factors including fraternity membership, church affiliation, family drinking, and sociometric ratings. A copy of the instrument is available from Professor Ralph G. Connor, Division of History and Social Sciences, Eastern Washington State College, Cheney, WA 99004.

COLLEGE DRINKING QUESTIONNAIRE, FORM C

New Haven, Section on Alcohol, Laboratory of Applied Physiology, Yale, 1970.

Bacon, Selden D., Center of Alcohol Studies, Smithers Hall, New Brunswick, NJ 08903

The College Drinking Questionnaire is a 70-item multiple-choice and completion item survey of the familial and socioeconomic background and a social and drinking behavior of college students. Sample items are: "Indicate to the best of your knowledge the formal education of your father, mother, and spouse. If you have a step parent and your parent remarried before you were 10, give data for the step parent, a) none, b) some grade school, c) completed grade school, d) some high school, e) completed high school, f) some college, g) completed college, h) some professional or graduate school, i) completed professional or graduate school (university level), j) other (specify)"; "Indicate the importance of each of the following in your use of alcoholic beverages. For each, check whether of considerable, some, or no importance, a) to facilitate study, b) to get along better on dates, c) to relieve fatigue or tension, d) to be gay, e) to relieve illnesses or physical discomforts, e.g., pains, aches, or when cold, f) to comply with custom, g) because of enjoyment of taste, h) in order not to be shy, i) as an aid in meeting crises, j) for sense of well-being, k) as an aid in forgetting disappointments, l) to get high, m) to get drunk." The test may be used with both men and women. No normative, reliability, or validity data are available. A copy of the instrument may be obtained from the author.

DRINKING BEHAVIOR INTERVIEW

The drinking behavior interview (an attempt to quantify alcoholic impairment). *Diseases of the Nervous System*, 1969, 30, 464-467.

Shelton, Jack, Hollister, L. E., & Gocka, E. F., Western Research Support Center, Veterans Administration Hospital, Sepulveda, CA 91343

The Drinking Behavior Interview (DBI) is an interview designed to quantify the degree of alcoholic impairment and to be sensitive to changes which some intervening treatment may have effected. The DBI is intended primarily for use with alcoholics. The items of the interview were chosen empirically, based on three relevant areas, patterns of drinking, social impairment, and occupational impairment. There are 32 items on the DBI and almost all questions refer to occurrences during the preceding six month period. A sample item is: "Longest period of uninterrupted drinking." The scoring key was based on arbitrarily selected weights for the items chosen on the basis of clinical experience. The items chosen for the scale, a brief reminder-guideline to the questioner, and the scoring key are given in the source document. Some reliability data are also given in the source document. The instrument has been used in a controlled clinical evaluation of LSD as a treatment for alcoholics.

DRINKING BEHAVIOR TEST

Drinking practices and attitudes in Australian Metropolitan Area. *Social Science and Medicine*, 1971, 5, 469-482.

Encel, S., Kotowicz, K. C., & Resler, H. E., School of Sociology, The University of New South Wales, P. O. Box 1, Kennsington, N.S.W. 2033, Australia

The Drinking Behavior Test, a title supplied by the abstractor, is a projective interview schedule designed to measure an individual's attitude towards the drinking of alcoholic beverages. This instrument contains five drawings depicting different drinking situations: a) Laborers drinking in a hotel after work; b) An 18 year-old boy in a hotel being egged on to have another drink; c) Teenagers of 18 or 19 years drinking at a party; d) A husband arriving home late and drunk once a week; e) Housewives having a drink at home together after shopping. The respondent is shown these pictures and is asked to make comments about each picture. The administrator records his responses and then rates the responses on a 4-point scale according to the degree of permissiveness expressed towards the particular drinking situation. The scale is "unqualified disapproval" to "unqualified approval." The test is appropriate for both males and females. Additional information and a copy of the instrument are available from the author.

DRINKING EXPERIENCE QUESTIONNAIRE
The first drinking experience of addictive and "normal" drinkers. Quarterly Journal of Studies on Alcohol, 1953, 14, 181-191.

Ullman, Albert D., The Provost, Tufts University, Ballou Hall, Medford, MA 02155

The Drinking Experience Questionnaire, a title supplied by the abstractor, is an instrument designed to measure the recollection of one's first drinking experience. The variables measured included the age of first drink, companions, location, beverage drunk, effect, and the length of time elapsing between first and second drink. This instrument was developed following extensive interviews with alcoholics and college students and noncollege adult groups. The instrument is self-administered and is appropriate for both males and females. There are eight items in the questionnaire. Sample items are: "How long was it before you had another drink?"; "What did you drink that first time?" There are no normative, reliability, or validity data available for this instrument. There are a number of variations of the original instrument. See also Ullman, Albert D. Ethnic differences in the first drinking experience. Social Problems, 1960, 8, 45-56. A copy of the instrument is available in the source document and from Professor Ralph G. Connor, Custodian, The Research Reference Files, Department of Sociology, Eastern Washington State College, Cheney, WA 99004.

DRINKING HISTORY
The Framingham study section on drinking. Framingham, Massachusetts Division of Alcoholism, 1958.

Society for the Study of Social Problems, no address

The Drinking History is an instrument designed to describe a subject's drinking experience. It was developed for administration to women inmates. The instrument consists of 24 multiple-choice, fill-in, and open-ended questions relating to drinking history, behavior, and attitudes and includes the 8-item Ullman First Drink Questionnaire (Ullman, Albert D. The first drinking experience of addictive and "normal" drinkers. Quarterly Journal of Studies on Alcohol, 1953, 14, 181-191. A sample multiple-choice item is: "Who was the first to complain to you about your drinking? a) doesn't apply, b) mother, c) father, d) spouse, e) other relative, f) friend, g) employer, h) police or other authority, i) other (specify)." A sample open-ended question is: "Describe your attitudes and feelings about your drinking." The instrument is self-administered and is appropriate for both males and females. There are no normative, reliability, or validity data available. A copy of the instrument may be obtained for a charge of $.45 from Professor Ralph G. Connor, Division of History and Social Sciences, Eastern Washington State College, Cheney, WA 99004.

DRINKING HISTORY
Quarterly Journal of Studies on Alcohol, 1968, 29, 598-602.

Stein, Leonard I., Niles, Dolores, & Ludwig, Arnold M., 301 Troy Drive, Madison, WI 53704

The Drinking History is a self-report questionnaire designed to collect data on various aspects of respondents' drinking behavior. The questionnaire is designed for use with hospitalized male alcoholics. The purpose of the questionnaire is to provide baseline information which allows the assessment of changes in subjects' drinking behavior as the result of some treatment. The questionnaire collects baseline data in such areas as frequency of drinking behavior, amount of consumption, subjective states associated with intoxication, physical effects of intoxication, effects of alcoholism on social behavior, and effects of alcoholism on job performance. The questionnaire consists of 58 items, is self-administering and requires about 20 minutes for completion. Sample items from the questionnaire are: "The last time you were drinking, for how many days did the drinking continue?"; "Has your drinking ever been a factor in marital difficulties?"; "Has your drinking ever been responsible for loss of employment?"; "After a drinking bout, do you ever have convulsions?" The Drinking History questionnaire is accompanied by a Medical Social History questionnaire designed to measure the relation of alcoholism to respondents' medical and social characteristics. Further information and a copy of the questionnaire may be obtained from the author.

DRINKING PROBLEM QUESTIONNAIRE
Salt Lake City, Veterans Administration Hospital, 1970.

Grimmett, John O., Veterans Administration Hospital, Salt Lake City, UT 84113

The Drinking Problem Questionnaire is an instrument designed to tap personal data and attitudes toward drinking of male problem drinkers. The purpose of the questionnaire is to provide a predictive index of readiness for alcoholism treatment. The questionnaire samples such areas as biographic characteristics, attitudes toward alcoholism, drinking habits, desire for help with drinking problem. The questionnaire consists of 92 items, is self-administering, and is easily hand scored. Sample items from the questionnaire are: "How many school grades did you complete?"; "Do you think that an alcoholic can be cured?"; "Do you prefer to drink alone?"; "Have you ever had convulsions or seizures when drinking?" Subjects are to rate each item as true or false of them by checking "yes" or "no." The response alternative "CA" (cannot answer) also is provided for items of a private or delicate nature. A copy of the questionnaire may be obtained from the author although he feels that it needs further revision.

FOLLOW-UP QUESTIONNAIRE

Topeka, Kansas Veterans Administration Hospital, 1967.

Patterson, Tom W., Veterans Administration Hospital, Topeka, KS 66622

The Follow-Up Questionnaire is designed to accompany the Social History Interview, an instrument intended for the purpose of collecting biographical data from patients treated for chronic alcoholism. The Follow-Up Questionnaire is an interview format instrument designed to provide comparative information with which to assess the effects of treatment programs on alcoholism and physical and social problems connected with alcoholism. The questionnaire investigates the extent of improvement in family relationships and work situations. The questionnaire also investigates patients' attitudes toward treatment, as well as changes in drinking behavior and general life style brought about as a result of treatment programs. Sample items from the questionnaire are: "In the last year have you had quarrels with anyone close to you because of your drinking?"; "In the last year have you and your wife ever separated because of your drinking?"; "How well do you get along with your children?"; "As you look at your experience in the hospital, what part of the program helped you most?"; "What part of the program would you pick as being least helpful to you?"; "In the last year, what is the longest length of time that you have gone without taking a drink?"; "How do you feel about AA?"; "Do you think you can stop drinking completely?"; "How does your present job compare with the job you had in the past year before your hospitalization in terms of how much money you receive for your work?" Further information and a copy of both the Social History Interview and the Follow-Up Questionnaire may be obtained from the author.

HABIT SURVEY-DRINKING HABITS

The study of the precursors of essential hypertension and coronary artery disease: A program of preventive medicine. Book of population, procedures and forms, 1946-1967. Baltimore, MD, The Johns Hopkins University School of Medicine, 1967.

Thomas, Caroline Bedell, The Johns Hopkins University of Medicine, 725 North Wolfe Street, Baltimore, MD 21205

The Habit Survey-Drinking Habits is an instrument designed to collect information on the frequency, quantity, and type of drinks in an individual's drinking habits. The instrument was intended for use with medical students at the Johns Hopkins University School of Medicine and was designed primarily to build a data bank of medical student habits for use in the study of the precursors of heart attacks and strokes. The Drinking Habits Survey is one of eight dimensions considered in the Habit Survey. The other dimensions investigated are eating, composition of diet, smoking, medication, nervous tension, work and recreation and sleeping. The Drinking Habits Survey consists of eight items. Sample items are: "Do you like coffee, tea, or cola drinks?"; "Which one do you drink regularly?"; "How do they make you feel?"; "How often do you take alcoholic drinks?"; "What types of drinks do you usually take?"; "Have you ever had difficulty through drinking too much?"; "Are you unusually sensitive to alcohol?" The instrument is self-administered and was used in the initial data collection. Since 1946, when the study was initiated, over 70 papers and four books reporting the partial results and standardization of methods have been published. See Thomas, C. B., & Ross, D. C. Precursors of hypertension and coronary disease among healthy medical students: Discriminant function analysis. V. Family attitudes. *Johns Hopkins Medical Journal*. 1968, 122, 196-217. A copy of the instrument and the source document are available from the author.

MANUAL OF ALCOHOLIC SCALES OF THE INVENTORY OF HABITS AND ATTITUDES

Inventory of habits and attitudes. *Psychological Reports*, 1969, 25, 947-971.

Haertzen, Charles A., Monroe, J. J., Hill, H. E., & Hooks, N. T., Jr., National Institute for Mental Health Addiction Research Center, Lexington, KY 40507

The Inventory of Habits and Attitudes (IHA) is an instrument designed to measure the attitudes, personality characteristics, and experiences of alcoholics. The IHA was designed primarily for research dealing with individual differences in alcoholics and differences between alcoholics and other groups. The IHA was constructed as a matched form of the Personal Inventory (PI), an instrument designed to measure characteristics of opiate addicts. The IHA is a 200-item, true-false, self-report instrument which includes items touching on a variety of experiences, sentiments, and attitudes concerning alcohol and alcoholics as well as a fund of questions concerning demographic variables, personality adjustment, familial relationships, and attitudes about treatment. A sample item is: "When I was growing up, social drinking happened frequently in my home." Normative data, reliability data, and a factor analysis of the IHA are all available in the source document. Research with the IHA has involved primarily the development of specific content scales (e.g., alcoholic versus addict factorial scale) using criterion groups of alcoholics, addicts, and nonaddicted psychiatric patients. Some comments on control faking through profile examination are made in the source document. A copy of the instrument may be obtained from the first author.

THE MEDICAL SOCIAL HISTORY

Quarterly Journal of Studies on Alcohol, 1968, 29, 598-602.

Stein, Leonard I., Niles, Dolores, & Ludwig, Arnold M., 301 Troy Drive, Madison, WI 53704

The Medical Social History is a questionnaire designed for the purpose of collecting data concerning the medical and social characteristics, past and present, of hospitalized male alcoholics. The questionnaire is designed to collect and relate particular social and medical characteristics to the onset and development of alcoholism. The questionnaire also provides baseline medical and social data which allow the assessment of changes in these areas as a result of treatment. The questionnaire taps information in five areas of the patient's social and medical history. These are family background, personal development (from infancy to childhood), personal development (from childhood to present), marriage and children, work history, wish for help. Sample items from each of these respective areas are: "Did your family have major financial problems while you were growing up?"; "Do you feel you were punished too severely when you were growing up?"; "Do you think you have a problem with sexual adjustment?"; "How well do you get along with your spouse?"; "Does your present job satisfy you?" The questionnaire consists of 61 items and is self-administering. The entire questionnaire requires about 40 minutes for completion. The Medical Social History questionnaire is accompanied by a Drinking History questionnaire designed to yield information on specific aspects of the patient's drinking behavior, per se. Further information and a copy of the questionnaire may be obtained from the author.

THE MENDOCINO ALCOHOLISM HISTORY SCHEDULE

Talmage, CA, Mendocino State Hospital, 1968.

Pugh, Lawrence, & Mogar, Robert E., Box X, Talmage, CA 95481

The Mendocino Alcoholism History Schedule was developed as part of an ongoing research program titled Types of Problem Drinkers and Their Relationship to Psycho-Social History Variables. The instrument is a structured interview outline designed to be administered by a trained interviewer. Several sources were used to suggest items including the Social Support Scale of Vitali Rozynko, the Mooney Check List, and Drinking in French Culture. The interview consists of 216 open-ended and forced choice items. The interview taps information in the following areas: "Biographic characteristics"; "Family history"; "Drinking behavior of respondent, past and present"; "Parental drinking history"; "Criminal history." Sample items from the interview schedule are: "Who or what has tended to make your drinking problem worse?"; "Patient's reaction to father's drinking practices and attitudes?" Also included is a section at the end of the interview in which the subject rates the quality or nature of certain psychologically salient persons or events. A sample item from this section of the schedule is: "Sibling description, I was the black sheep of the family, I was favored by mother, I was favored by father, etc." Other areas rated by the respondent are: "Childhood worries and problems"; "Emotions"; "Religion"; "How did you feel about your looks when growing up?"; "Peers"; "Home life." Further information and a copy of the interview schedule may be obtained from Ralph G. Connor, Custodian, The Research Reference Files, Department of Sociology, Eastern Washington State College, Cheney, WA 99004.

POSTDRINKING INTERVIEWS

Postdrinking interviews with alcoholic patients. Hospital and Community Psychiatry, 1967, 18, 260-261.

Ferneau, Ernest W., Boston City Hospital Psychiatry Service, Mattapan Chronic Disease Hospital, 249 River Street, Mattapan, MA 02126

The Postdrinking Interview (PDI) is aimed primarily at finding the reason for drinking, in order to facilitate a patient's treatment. It also gets at other clinical information and basic demographic data. It is designed largely for use with inpatients, particularly those who have engaged in a drinking episode while on pass from the inpatient facility. The interview is based on a 2-page questionnaire that deals mainly with events that took place before, during, and after the drinking episode. For example, the patient is asked about how the drinking stopped, his subsequent physical and emotional state, any reactions to Antabuse, and how the episode may have differed from previous ones. No reliability or validity information about the interview schedule is given in the source document. A copy of the instrument may be obtained from Ralph G. Connor, Custodian, The Research Reference Files, Department of Sociology, Eastern Washington State College, Cheney, WA 99004.

SOCIAL HISTORY INTERVIEW
Topeka, Kansas, Veterans Administration Hospital, 1967.

Patterson, Tom W., Veterans Administration Hospital, Topeka, KS 66622

The Social History Interview is an interview format instrument designed for the purpose of collecting biographical histories of hospital patients being treated for recurrent alcoholism. The instrument was developed specifically for use in connection with the Topeka, Kansas, Veterans Administration alcoholism treatment programs. The first part of the interview samples family history data, such as with whom the patient was raised, attitudes of parents toward alcohol, parents' socioeconomic characteristics, disciplinary practices of parents, and parents' religious attitudes. The second part of the interview samples personal history data, such as nature of relationship between patient and wife, between patient and children, effects of patient's drinking behavior on the marriage and on the children's social position relative to their peers, effect of alcoholism on job performance, and source of family income. The third part of the interview samples aspects of the patient's drinking behavior, such as frequency of drinking, quantity of alcohol consumed, feelings of shame or remorse associated with intoxication, subjective states associated with intoxication such as euphoria, superiority, or sociability, and physical effects associated with alcoholism, such as "shakes," delirium tremens, or convulsions. Sample family history items are: "Did your parents separate at any time before you were 16?"; "Do you think your father was too strict with you or not strict enough?" Sample personal history items are: "Do you have any reason to believe that your drinking has had a bad effect on the work, school activities, or friendships of your wife and children?"; "Has anyone complained (during the past two years) that you neglect the children?" Sample drinking behavior items are: "When you drink do you usually miss work?"; "Do you ever have loss of memory without loss of consciousness in connection with your drinking?" The Social History Interview is accompanied by a follow-up questionnaire designed to assess the effects of treatment programs on alcoholism. Further information and a copy of both instruments are available from the author.

A STUDY OF YOUNG PEOPLE
Drinking behavior of delinquent boys. *Quarterly Journal of Studies on Alcohol*, 1965, 26(2), 223-237.

Blacker, Edward, Demone, Harold W., & Freeman, Howard E., Division of Alcoholism, Massachusetts Department of Public Health, 755 Boylston Street, Room 616, Boston, MA 02116

Study of Young People is a questionnaire designed to collect information regarding the drinking attitudes and practices of male adolescents, particularly delinquent male adolescents among whom alcoholism is a problem. The structured questionnaire includes items tapping such things as family background, attitudes toward use of alcohol, personal drinking habits, drinking habits of parents, drinking habits of peers, effects of use of alcohol, and demographic and social characteristics of the respondent. The questionnaire consists of 174 items. Sample items from the questionnaire are: "Do you ever drink at home when your parents are not there?"; "If a boy in this school drinks, what effect does this have on your opinion of him?"; "Why did you drink that very first time?"; "Did you ever get drunk while drinking alone?" A version of the Study of Young People was administered to 600 delinquent boys. When data obtained for delinquent drinkers were compared with data on male high school students in comparable urbanized areas, it was found that the incidence of use of alcohol was similar for delinquents and non-delinquents, but frequency and occurrence of excessive drinking was greater among delinquents. An experimental application of this questionnaire may be found in the source document. A copy of the questionnaire may be obtained from Ralph G. Connor, Custodian, The Research Files, Department of Sociology, Eastern Washington State College, Cheney, WA 99004 or from the first author.

THE SURVEY QUESTIONNAIRE
"Early" and "late" problem drinkers among female prisoners. *Journal of Health and Human Behavior*. 1963, 4, 282-390.

Cramer, Mary Jane, & Blacker, Edward, Department of Sociology, Tufts University, Medford, MA 02155

The Survey Questionnaire was developed to investigate forty-eight early drinkers (those subjects describing their first intoxication before the age of 25) and 24 late drinkers (those reporting intoxication at the age of 25 or later). Considerable evidence emerged to support the contention that disturbed family background (specifically inconsistent parental control) seemed most closely related to early onset of alcoholism in younger subjects, while specific stressful incidents seemed most closely related to late onset of problem drinking in older subjects. The present instrument has also been employed to examine the relationship between social class and drinking experience (Cramer, M. J., & Blacker, E. Social class and drinking experience of female drunkenness offenders. *Journal of Health and Human Behavior*, 1966, 7, 276-283.) Further information and a copy of the instrument may be obtained from Edward Blacker, Division of Alcoholism, Massachusetts Department of Public Health, 755 Boylston Street, Room 616, Boston, MA 02116.

NRC TWIN REGISTRY EPIDEMIOLOGIC QUESTIONNAIRE

Cardiovascular and respiratory symptoms in relation to tobacco smoking. Archives of Environmental Health, 1969, 18, 934-940.

Hrubec, Zdenek, National Research Council, 2101 Constitution Avenue, Washington DC 20418

The NRC Twin Registry Epidemiologic Questionnaire is an instrument designed to collect information about an individual's coronary and respiratory symptoms, other medical events, diet, smoking, and alcohol use, occupational factors and recreation. The instrument is intended for use with those twins registered with the National Research Council and is designed primarily as a data collecting device for research on various epidemiologic relationships in twins. The questionnaire consists of 70 items. Sample items are: "Have you ever had any pain or discomfort in your chest?"; "Do you suffer from migraine or severe headaches?"; "How many times a day do you normally eat hot meals?"; "How many cigarettes do you usually smoke a day?"; "From time to time, one may have occasion to drink more than usual"; "How often do you drink alcoholic beverages in an amount that corresponds to at least one pint of liquor or two bottles of wine or four quarts of beer at one occasion?"; "Of the first 15 years of your life for how many years were you and your twin brother raised together?"; "How often have you changed occupation after 26 years of age?" The instrument is self-administered. Specific information regarding smoking and disease can be found in the source document. Further information concerning the other indices and a copy of the questionnaire can be obtained from the author.

COGNITIVE TESTS

ALTUS INFORMATION INVENTORY

Clinical validation and usefulness of the Altus in screening for Intelligence. Psychological Reports, 1963, 13, 54-89.

Gorsuch, Richard L., Institute of Behavioral Research, Texas Christian University, Fort Worth, TX 76129

The Altus Information Inventory (AII), a shorter version of the Altus-Bell test, is an instrument designed to measure general intelligence. The instrument, originally developed during World War II for individual testing purposes, is used with varied populations for screening purposes. The AII comprises 13 of the more valid items, at different difficulty levels, from the Altus Bell test. The items include questions of geography, vocabulary, mathematics, literature, and history. Sample items are: "What is meant by the square of a number?"; "What does autarchy mean?" The instrument was developed through research for the United States Army. The instrument is self-administering with no time limit for completion. The AII requires less than five minutes to administer. Normative, reliability, and validity data are available in Gorsuch (1965) and Pierson (1963). In a sample of high school students and college students, a split-half reliability of .76 for high school students, and .28 for college students, was obtained. Interscorer reliability was .97 for high school students and .83 for college students. To date, the major applications of the instrument have been in group testing high school students and mental patients at Idaho State Hospital North. Gorsuch, R. L., & Spielberger, C. D. Predictive and concurrent validity of the Altus information inventory with high school students. Psychological Reports, 1965, 16, 633-636; and Pierson, G., & Gorsuch, R., Clinical validation and usefulness of the Altus in screening for intelligence. Psychological Reports, 1963, 13, 87-89. A copy of the instrument is available from the author.

CHAIR-WINDOW TEST

An analysis of verbal reports of solving spatial problems as an aid in defining spatial factors. Journal of Psychology, 1953, 36, 17-25.

Barratt, Ernest S., Behavioral Science Laboratory, Department of Neurology and Psychiatry, University of Texas Medical Branch, Galveston, TX 77550

The Chair-Window Test (C-WT) developed by Ernest S. Barrett and Benjamin Fruchter, is an instrument designed to measure the ability to reorient oneself spatially with relation to an object or scene. Form A of the test presents drawings of a chair, and From B requires that the examinee to imagine the chair in the room. The instrument was designed primarily for research. The C-WT consists of 34 problems which present a chair in a fixed position in a room containing windows which vary in their positions in different items. A second chair appears in a different test position for each item. The subject is required to indicate which window should be looked through to see the fixed chair in the test position. The C-WT can be self-administered. No time limit is given. The test answer sheet may be scored using a template in approximately one minute. Reliability data are available in the source document and in a second publication by the author (Barratt, E. S. The space-visualization factors related to temperament traits. The Journal of Psychology, 1955, 39, 279-287.) To date, the major applications of the instrument have been in research relating spatial visualization factors to temperament traits. A copy of the instrument is available from the author.

CHILDREN'S ASSOCIATIVE RESPONDING TEST

Standardization of a research instrument for identifying associative responding in children. Developmental Psychology, 1970, 2(2), 283-291, 1970.

Achenbach, Thomas M., Department of Psychology, Yale University, 333 Cedar Street, New Haven, CT 06510

The Children's Associative Responding Test (CART) is an instrument designed to identify children who rely on free association rather than on analogical reasoning. The test is intended mainly for use with fifth and sixth graders of both sexes. The CART is a multiple-choice analogy test comprising 68 items. Half of the items on the CART have an incorrect alternative, or foil, that was, according to word association norms, a frequent association to the third word of the analogy. For example, in the analogy, "pig is to boar as dog is to ?," "wolf," an infrequent association to "dog," is the correct alternative, while "cat," a frequent association, was the foil. On the other half of the items, the third word of the analogy had no high frequency associations. The test can be administered in groups and usually takes no more than one and a half hours to complete; scoring is objective. The CART can be used in determining the relationship between specific types of learning, ability, and personality factors, as well as a predictor of achievement and school performance. Reliability and validity data, as well as other pertinent references, are available in the source document. A copy of the instrument may be obtained from the author.

THE CHILDREN'S EMBEDDED FIGURES TEST

A manual for the Embedded Figures Tests. Princeton, Educational Testing Service, 1963.

Karp, Stephen A., & Konstadt, N., no address for the first author

The Children's Embedded Figure Test (CEFT) is an instrument designed to investigate field independence in children. Field independence refers to a fairly stable cognitive style characterized by the ability to separate or differentiate component parts of a stimulus field. The CEFT measures field independence by measuring the child's ability to locate simple stimuli embedded in more complex contextual backgrounds. The CEFT was derived from work on the adult form of the instrument, the Embedded Figure Test (EFT) developed by Witkin (Witkin, H. A. Individual differences in ease of perception of embedded figures. Journal of Personality, 1950, 19, 1-15). In order to investigate such issues as the sources of individual differences in psychological differentiation, the stability of these differences during the growth years, and the changes in extent of differentiation with development, it became necessary to assess field independence in young children. The CEFT consists of 25 items designed specifically for completion by 5- to 9-year-olds. The CEFT consists of cutout models of the two simple forms, a house and a tent, and 11 complex figures containing the simple "tent" form, and 14 containing the simple "house" form. Children are instructed to look at a cutout of the simple form and find an instance of the simple form within the more complex figure. The CEFT differs from the EFT in that no time limitation is placed on locating the simple figure, and thus the score obtained is the number of correct identifications rather than the time taken to find the simple form. The present form of the CEFT was developed from a figure identification procedure developed by Goodenough and Eagle (Goodenough, D. F., & Eagle, C. A modification of the embedded figures test for use with young children. Journal of Genetic Psychology, 1963, 103, 67-74) in which familiar objects constructed out of plywood in a jigsaw puzzle format constituted the complex figure, and one of the pieces of this puzzle was the sought after simple form. An initial pool of 72 complex forms, all representing recognizable objects and many identical with the Goodenough-Eagle forms were depicted pictorially. A pretest administration of the CEFT identified those items with greatest discriminating power for inclusion in the 25-item test. CEFT scores have been found to be related to socioeconomic status. Internal consistency coefficients ranging from .83 to .90, and test-retest correlations of .87 have been observed for the test. Further information and a list of related references may be obtained from the source document or by writing H. A. Witkin, Educational Testing Service, Princeton, NJ 08540.

THE CHOICE PATTERN PROCEDURE: A MANUAL

Eugene, University of Oregon, 1968.

Tyler, Leona E., & McQueen, Lila J., Department of Psychology, University of Oregon, Eugene, Oregon 97403

The Choice Pattern Procedure is designed to identify the cognitive structures or organizing principles individuals use in dealing with possibilities from which life choices must be made, possibilities for careers, leisure activities, life styles and other things. It is not a standardized test but rather a plan for a special kind of interview. Its distinctive feature is that each item is presented on a separate card so that persons reacting to the items can indicate by the way they sort them not only whether their attitudes are favorable or unfavorable, but also the general concepts underlying those attitudes. Most of the research has been carried out with sets of occupational and leisure time items. These sets are given in the manual but users are encouraged to develop their own to serve particular purposes. The procedure can be adapted for group administration. Coding systems for the responses individuals give have been developed empirically, using mainly data from college sophomores and ninth graders. Because the instrument has so far been used exclusively for research purposes, no norms have been provided as yet. Stability coefficients for various quantitative indices have been reasonably high for periods up to three months. No validity information has been collected. The procedure is described in detail and exploratory research is summarized in the source document obtainable from the senior author. A relevant reference is Tyler, et al. Patterns of choices in Dutch, American and Indian adolescents. Journal of Counseling Psychology, 1968, 15, 522-529.

COMPTOM FABRIC PREFERENCE TEST

Development of a fabric preference test. Perceptual and Motor Skills, 1966, 22, 287-294.

Comptom, Norma H., School of Home Economics, Purdue University, West Lafayette, IN 46907

The Comptom Fabric Preference Test (CFPT) is an instrument designed to measure preferences for color, design and texture in clothing fabrics. The CFPT was constructed for the purpose of conducting research dealing with relationships among individuals' color, design, and texture preferences in clothing fabrics and their physical and personality characteristics. The CFPT is designed primarily for girls enrolled in junior high, high school, college, and for girls and women participating in extension school programs; it also has been used in research with juvenile delinquents and psychotic patients. The instrument consists of 78, 35mm colored slides of fabric swatches, divided into five series, three for color--chroma and value (saturated, tint and shade), figure ground color value contrasts (strong-weak, warm-cool); one for design size (large-small); and one for texture (rough-smooth). Each of the five series of fabrics was developed from as diverse a selection as was available on the retail market. Subjects taking the instrument are asked to choose the fabric on each slide which they would prefer for their own clothing. Administrators will need a 35mm slide projector, projection screen, one set of slides, and a clock (or timed slide projector). The CFPT takes 30 minutes to administer. The instrument is scored by assigning point values to subjects' preferences, following a scoring protocol given in the CFPT manual. Normative data for college students, housewives, and mental hospital patients are provided in the CFPT manual. Data for concurrent and practical validity, and test-retest reliability are provided in Compton, N. H. Compton fabric preference test manual. Logan: Utah State University Agricultural Experiment Station, August, 1965 (Special Rep. 19). The CFPT has been utilized in home economics courses, and in research relating fabric preferences to physical charateristics and personality variables, including the body image boundary. The CFPT is available from the author. The manual is available from Utah State University.

CONCEPTUAL COMPLEXITY SENTENCE COMPLETION TEST

Human information processing. New York: Holt, Rinehart, and Wiston, 1967.

Schroder, Harold M., Driver, M. J., & Streufert, S., Management Problem Laboratory Programs, Business Division, Southern Illinois University, Edwardsville, IL 62025

The Conceptual Complexity Sentence Completion Test is an instrument designed to measure the complexity of conceptual thinking in various domains. Two areas of conceptual complexity investigated by this instrument are the number of different concepts used in psychological judgments. The test is designed for group administration to individuals having at least a sixth grade education and involves the completion of open-ended sentences by respondents. The test requires 30 minutes for completion and is scored by trained protocol raters based upon rating criteria outlined in a manual compiled by the author for structural scoring of responses. Reliability measures obtained in 3- to 9-month retests have resulted in coefficients ranging from .70 to .90. Normative data and validation procedures are available in the source document. The instrument has been used to determine the number of dimensions of information combined in concepts and the number of different concepts used in judgment. Areas of application have been selection, adaptability to stress, interaction between individual and environment, education, and organization. Description of an application of this test may be found in Schroder, H. M. Conceptual complexity and personality organization. In: H. M, Schroder, & P. Suedfeld (Eds.), Personality: Information processing models. New York: Ronald Press, 1970. Further information, a copy of the instrument, and the scoring manual are available from the author.

DRAWING COMPLETION TASK

Traits of school achievers from a deprived background, New York: Associated Educational Services, 1967.

Davidson, Helen H., & Greenberg, J. W., 90 La Salle Street, New York, NY 10027

The Drawing Completion Task is an instrument designed to measure several components of intellective and creative behavior in an unstructured, nonverbal context. The instrument was originally used with fifth grade children from lower class Negro populations attending urban ghetto schools as part of a larger project concerned with differentiating between high and low achievers on some cognitive, affective, motivational, or background dimensions hypothesized to be related to achievement. The Drawing Completion Task consists of eight simple, incomplete, ambiguous line drawings and instructs the child to complete them in any way that he wishes. After the child completes the drawings, he is asked to explain what he drew and his responses are recorded. The instrument is based upon the Franck Incomplete Drawing Test. The instrument yields seven scores which measure divergent ability in a nonverbal task and other components of creativity. The drawings are scored on originality, popularity of subject, spontaneous flexibility, asymmetry, dynamism, complexity, fit to stimulus. The percentage of agreement between scorers for four of the incomplete drawings, using a subsample of 40 children ranged from 68 percent to 90 percent for the 7 dimensions. Detailed instructions for scoring the instrument and normative data are available in the source document. This document contains 294 pages and includes instructions for administration and scoring, reliability and descriptive data for 20 instruments used in the large scale study. To date, the major application of the test has been in the authors' study of school achievers from a deprived background. A copy of the source document which contains a copy of the instrument is available from the publisher, 630 Fifth Avenue, New York, NY 10020. The Drawing Completion Task has also been used in a study comparing middle and lower class children: Greenberg, J. W., et al. Caution and creativity as correlates of achievement in disparate social classes. Journal of Negro Education (In press).

THE EMBEDDED FIGURES TEST

Individual differences in ease of perception of embedded figures. Journal of Personality, 1950, 19, 1-15.

Witkin, Herman A., Educational Testing Service, Princeton, NJ 08540

The Embedded Figures Test (EFT) is an instrument designed to measure subjects' ability to locate simple stimuli embedded in more complex geometric forms. Numerous studies using the EFT have shown that the ability to separate or isolate simple forms in more complex figures signifies greater differentiation in perceptual functioning. The cognitive style associated with stimulus differentiation or field independence has also been shown to be a relatively stable mode of functioning which manifests itself in other areas of the person's psychological activity. The EFT consists of 24 complex figures or geometic designs and eight simple or constitutent figures. Each of the simple figures is embedded in several different complex figures. The subject's task is to locate or separate the simple figure contained in the complex figure. The test consists of three sets of cards, two sets of 12 cards with complex figures, numbered consecutively in order of test presentation, and a set of eight cards with simple forms, designated by the letters A to H. On each of the complex figure cards there is a letter identifying the simple form which is embedded in that complex figure and which the subject must find. The EFT is individually administered. There is a 5-minute time limit per EFT item. A shortened form is being tested which uses the first 12 items only, and allows a 3-minute time limit per trial, but this change does not appear to affect the reliability of the instrument. The EFT has been used with 10-year-old children up through geriatric groups. Numerous investigations have provided evidence of the instrument's construct validity. Some of these include studies relating EFT performance to psychopathology, to social behavior, and to differences in family and cultural experiences. EFT items were developed from modifications of those figures used by Gottschaldt in his studies of the relative roles of contextual factors and past experience in perception. Further information regarding stimulus materials and a list of references referring to the EFT may be obtained from the author.

FIRST GRADE SCREENING TEST

Predicting failure in the primary grades. Educational and Psychological Measurement, 1970, 30(2), 459-462.

Pate, John E., & Webb, Warren W., Department of Psychiatry, Division of Child Psychiatry, Vanderbilt University, Nashville, TN 37232

The First Grade Screening Test (FGST) is an instrument designed to measure global readiness for first grade school work at the end of kindergarten or beginning of first grade. The instrument is intended for use with children and is designed primarily for evaluation purposes. The FGST is a performance test consisting of 27 items covering picture vocabulary, motor coordination, following directions, and self-concept. A sample item is: "Here are some pictures of different things. Which ones do you use a needle with? Draw circles around all the things you use a needle with." The FGST was developed through empirical item selection and predictive validation of both items and total score. The test is administered by a classroom teacher and takes approximately 20 to 30 minutes to complete. Scoring instructions are given in the manual; scoring takes five minutes. Reliability, validity, and normative data for 5,500 first graders and 3,200 kindergartners are available in the test manual. To date, the major applications of the test have been in research and educational guidance. A copy of the test is available from American Guidance Service, Inc., Publishers' Building, Circle Pines, MN 55014 for $2.50.

THE FORMULA ANALYSIS TEST

The formula analysis test as a predictor of success in graduate school. Psychological Reports, 1967, 20, 36.

Worthy, Morgan, Counseling Center, Georgia State University, 33 Gilmer Street, Atlanta, GA 30303

The Formula Analysis Test (FAT) is an instrument designed to measure subjects' creative or flexible problem solving ability. The FAT requires a capacity to generate quickly and reject possible solutions to test items and thus provides an easily attainable measure of flexible thinking. The FAT consists of 27 items consisting of abbreviated number and word equations that the subject must decipher or "solve." Sample items from the FAT are: S. & M. & T. & W. & T. & F. & S. = D. of W.; 4J. + 4Q. + 4K. = all the F. C.; 3P. = 6. The FAT was originally constructed in two forms containing 27 items each. Item analysis based on the responses of 45 subjects to the original 54 items resulted in the selection of those 27 items with the highest internal consistency. The FAT is self-administering to groups or individuals. Subjects are given 15 minutes in which to complete the FAT and the test is hand scored. Test-retest reliability coefficients obtained for two samples were .83 and .76 over one-month and two-month periods, respectively. A split-half reliability of .82 was also obtained. A measure of the instrument's validity is provided by the -.41 correlation between FAT scores and Rokeach's Dogmatism Scale. The FAT was also found to correlate .57 with the Remote Associations Test, another measure of creativity. Although not intended as a selection device, the FAT was found to predict grades in psychology at the graduate level. Further information and a copy of the test may be obtained from the author.

THE GROUP EMBEDDED FIGURES TEST

A manual for the Embedded Figures Tests. Princeton, Educational Testing Service, 1963.

Oltman, Philip K., Raskin, Evelyn, & Witkin, Herman A., Division of Psychological Studies, Educational Testing Service, Princeton, NJ 08540

The Group Embedded Figures Test (GEFT) was designed to provide an adaptation of the original individually administered Embedded Figures Test (FT), an instrument devised to measure subjects' ability to locate simple stimuli or forms within more complex contextual figures. Studies using the EFT have shown that the ability to separate or isolate simple forms in more complex figures signifies greater differentiation in perceptual functioning. The cognitive style associated with stimulus differentiation or field independence has been shown to be a relatively stable mode of functioning which manifests itself in other areas of the person's psychological activity (e.g., intellectual, interpersonal, etc.). The GEFT parallels closely the rationale and format of the EFT, differing only in that the present test allows for the testing of many individuals in a single 20-minute testing session. The GEFT contains 18 items, 17 of which were taken from the EFT and simple or constituent figures. Each of the simple forms is embedded in several different complex figures. The subject's task is to locate or separate the simple figure contained in the complex figure. The GEFT is comprised of three sections. The first section contains seven very simple items which are primarily for practice purposes. The second and third sections make up the actual test items and consist of nine items each. The GEFT is administered in a test booklet. Each page contains the complex figure and the letter identifying the simple form to be located. The simple forms are printed on the back cover of the GEFT booklet and are identified by the letters A through H. The subject is allowed five minutes per test trial. Performance on the GEFT is highly correlated with performance on the parent scale of the EFT. As an estimate of the reliability of the GEFT, items in the second test section were correlated with items in the third test section. The coefficient obtained was .82. Further information, normative data, and a list of related references may be found in the source document or by writing H. A. Witkin, Educational Testing Service, Princeton, NJ 08540.

THE GROUP REACTION TIME TASK

The requirements and design of a standard group task. Journal of Experimental Social Psychology, 1965, 1, 71-88.

Zajonc, Robert B., Institute for Social Research, The University of Michigan, Box 1248, Ann Arbor, MI 48106

The Group Reaction Time Task is an instrument designed to provide a task that can be used for small group research and which satisfies the following criteria: 1) Involves individual behavior that is reasonably well understood, behavior extensively examined in individual psychology, and behavior whose antecedents are reasonably known; 2) Involves responses which are common to or may be acquired quickly by any population; 3) Allows the precise, preferably quantitative and independent assessment of individual capability and performance in measurement units commensurate with units used to assess group performance; 4) Enables the experimenter to evaluate individual contribution independently of the evaluation and measurement of group performance; 5) Allows the experimenter to vary individual task difficulty, or probability of success, and task complexity; 6) The group task should allow many varieties of division of labor. The task developed fulfills the above criteria and consists of a reaction time panel with eight light stimulus displays and two reaction keys, A and B. Each stimulus display consists of an A light, a B light, and a failure light. The subjects are required to press a button corresponding to a light on a given display. The failure light represents failure to reach a specified reaction time criterion. The displays are numbered one to seven, plus a G or group display. There are many variations of task requirement possible. Possible applications of the reaction time procedure include studies of group performance, conformity, group pressures on performance, imitation, vicarious reinforcement, role structure, leadership, etc. Further information and a list of references related to the Group Reaction Time Task may be obtained from the author.

THE NAVY-NORTHWESTERN MATRICES TEST

Journal of Clinical Psychology, 1952, 8, 65-74.

Hunt, William A., & French, Elizabeth G., Department of Psychology, Loyola University, 6525 North Sheridan Road, Chicago, IL 60626

The Navy-Northwestern Matrices Test (NNMT) is a nonverbal instrument designed to measure intelligence. The instrument is intended as a substitute for verbal tests in military screening situations that involve cultural, educational, and language handicaps. The NNMT consists of a series of three stimulus cards presented separately and successively for two seconds each. Each of the three stimulus cards contains one part of a symmetrical, 4-part design. The subject is then shown a multiple-choice strip (response card) containing five alternatives, one of which is the correct fourth segment necessary to complete the design; the subject is asked to point to the correct response. The test consists of two warm-up items and 15 test items. The instrument is designed for individual administration; there is no time limit for the responses and the subject is expected to respond to each item. The score is the number of correct answers. The instrument originally contained 30 items. A preliminary investigation with college undergraduates, graduates, and naval recruits revealed that the test did not discriminate satisfactorily within the college population but did discriminate well among the recruit group. An item analysis was done on these data using both the Navy General Classification Test and CVS abbreviated individual intelligence scale as criteria. The Davis method was applied and those items with a discrimination index falling below the suggested minimum were rejected. The remaining items were evaluated in terms of their agreement with both criteria and level of difficulty; the best 15 were selected for the final form of the test. Reliability and validity data are available in the source document. A copy of the instrument is available from the first author.

OBJECT SORTING

Traits of school achievers from a deprived background, New York: Associated Educational Services, 1967.

Davidson, Helen H., & Greenberg, J. W., 90 La Salle Street, New York, NY 10027

The Object Sorting Task is a nonverbal test designed to measure the ability to form meaningful categories. The test was originally used with fifth grade children from lower class Negro populations attending urban ghetto schools. The test was developed as part of a large project concerned with differentiating high from low achievers on some cognitive, affective, motivational or background dimensions hypothesized to be related to school achievement. The Object Sorting Task consists of the presentation of 41 objects to the child who is asked to "put the things together that belong together," and then to give the reasons for his groupings. There are 38 common objects such as crayons, plastic utensils, and toilet articles, plus three unfamiliar objects which are included as stimuli for eliciting curiosity. The three unfamiliar objects (hatpin, butter molder, coin holder) were pretested in order to establish their unfamiliarity. The task was adapted from one used to investigate equivalence range, i.e., the breadth of categories formed as an index of cognitive style (Gardner, R., Holzman, P. S., Klein, G. S., Linton, H., & Spence, D. *Issues*, 1959, 1, 39-45). The task is administered individually to each child by an examiner with no time limit. A list of objects in each group, the reasons for groupings, reaction time, and response time are recorded in addition to the amount of questioning and handling of the three unfamiliar objects. Four scores are obtained from the task, the number of groups formed, percentage of superordinate groups, (those for which the child ascribed some common characteristic or used some generic classification term that applied to all objects in the group), amount of handling of unfamiliar objects, number of questions about unfamiliar objects. Detailed information on administration, scoring, and normative data are reported in the source document, a 294-page report which includes information on 20 instruments used in the large scale project studying achievement in children from deprived backgrounds. To date, the Object Sorting Task has been used only in that project. A copy of the source document is available from the publisher, 630 Fifth Avenue, New York, NY 10020.

OBJECT SORTING TASK

The OST: Theory, instrument and norms. Palo Alto, American Institute for Research, 1969.

Dunn, James A., American Institutes for Research, P. O. Box 1113, Palo Alto, CA 94302

The Object Sorting Test (OST), a measure of "divergent" and "convergent" thought processes, consists of six plastic blocks differing on a variety of dimensions arranged in order of difficulty, curvilinearity, hue, transparency, height, perpendicularity of side, radical equality of the base, saturation, volume, and area of the base. In testing for "divergent" thought processes, the child is given several practice trials sorting five pencils and is then asked to divide the six blocks into two equal dichotomous groups. After each sort, the subject is asked to explain why he sorted the way he did. The blocks are returned to their original starting positions, and the subject is asked to sort them again. This process is continued until a specified failure criterion is met at which time the "convergent" phase of the test is begun. The examiner then sorts the blocks in order of difficulty according to the attributes not employed by the subject in the divergent phase. After each sort the examiner asks, "Some people sort them this way: can you tell me why?" This continues until all combinations of the blocks have been exhausted. Latency times and verbal responses are recorded for scoring. The age range of the OST is five years to adult. Administration time ranges from 10 to 20 minutes. Seventeen scoring dimensions have been defined. Examples are: "Number of convergent positive sorts"; "Number of duplicate sorts"; and "Number of sign sorts." Positive sorts are also scored on a 5-point scale for verbalization with "0" given for a "I don't know" response and "4" for a precise and concise statement of the significant attribute. A number of field and experimental studies, norms, and the scoring procedures are reported in the source document. The instrument is still considered developmental and proprietary. It may not be reproduced without permission; however, a copy may be obtained from the author for review or research purposes.

ORAL LANGUAGE SAMPLE: LINGUISTIC ANALYSIS

Traits of school achievers from a deprived background, New York: Associated Educational Services, 1967.

Davidson, Helen H., & Greenberg, J. W., 90 La Salle Street, New York, NY 10027

The Oral Language Sample: Linguistic Analysis is a procedure designed to analyze complexity in the structure of language used in an oral task. The analysis was developed as part of a large project designed to differentiate high from low achievers on some cognitive, affective, motivational, or background dimensions hypothesized to be related to school achievement. This project was conducted with fifth grade children from lower class Negro populations attending urban ghetto schools. The oral linguistic analysis is applied to a 12-sentence sample obtained from another measure used in the project, the Story Telling Task. The latter is a modification of the TAT approach and, as such, yields linguistic protocols on which the oral language analysis may be performed. The last card in the series of four is used as the first source of the linguistic sample. If card four does not supply the 12 sentences required, stories three, two and one are used in that order. Each of the 12 sentences is analyzed to determine the number of structural components, namely the number of independent and dependent clauses, of clausids, or predicatids and of certain prepositional phrases that the sentence contains. This analysis is based on the method reported in Allen, R. L. *The structure of the English sentence.* New York: Noble and Noble, Fall, 1967. Five scores are obtained from the linguistic analysis, "total depth," "maximum depth," "beginning sentence complexity," "end sentence complexity" and "time sequence." Essentially, these scores assess linguistic complexity with an emphasis upon basic structural dimensions rather than upon formal grammatical correctness. Detailed information on scoring and normative data are reported in the source document, a 294-page report which also includes administration and scoring information, reliability, and descriptive data on 20 instruments used in the large scale project. To date, the major application of this linguistic analysis procedure has been in the authors' study of achievement among children from deprived backgrounds. A copy of the source document is available from the publisher, 630 Fifth Avenue, New York, NY 10020.

ORDINAL SCALES OF INFANT PSYCHOLOGICAL DEVELOPMENT

An instrument for assessing infant psychological development. Champaign, IL, unpublished monograph, 1966.

Uzgiris, Ina C., & Hunt, J. McV., Psychology Department, Clark University, Worcester, MA 01610

The Ordinal Scales of Infant Psychological Development were designed to measure the effects of specific environmental experiences on the rate and course of development of young infants. It is a provisional instrument which utilizes the behavioral schemata observed by Piaget in the development of his own children. The scales, or series, reported are considered to be research instruments rather than infant tests. The series were constructed on the basis of infant-interaction situations, each having at least some psychological unity, with the situations arranged in sequence according to their mean difficulty as established by the performance of infants examined in an earlier stage in the test construction. The instrument consists of six series of behavioral schemata with directions for presenting the situation to elicit them and a listing of the most commonly observed behavioral reactions to these situations. A sample item is: "Find out from the person taking care of the infant which member of the family is not present and ask the infant where that person is or ask to be taken to that person." "Observe the infant's actions and his reply, a) does not comprehend the question; b) goes to look for that person; c) indicates knowledge of the absence of that person by pointing to the outside, saying 'gone,' 'bye-bye,' etc." Reliability data are presented in the source document. The authors of the test are undertaking additional research and development on the instrument before it can be presented in its final format. A copy of the instrument is available from J. McV. Hunt, Department of Psychology, University of Illinois, Urbana, IL 61820.

PERCEPTUAL MATURITY SCALE

Development and validation of a perceptual maturity scale using figure preferences. Journal of Consulting Psychology, 1965, 29(4), 314-319.

Van de Castle, Robert L., Sleep and Dream Laboratory, Department of Psychiatry, University of Virginia, Charlottesville, VA 22901

The Perceptual Maturity Scale (PMS) is designed to differentiate between people of various developmental groups on the basis of their preferences for certain perceptual aspects of figures. A number of studies have found different preferred modes of perceptual organization among groups of varying developmental maturity. The PMS is comprised of 72 paired items from the Welsh Figure Preference Test (WFPT) pasted on rectangular pieces of cardboard. Figures shown to be significantly preferred by adults were paired with figures shown to be significantly preferred by children. Subjects view each pair projected onto a large screen and choose which figure they prefer. The total score ranges from 0 to 80, with high scores indicating perceptual maturity. The scale takes about 20 minutes to administer and two minutes to score. A split-half reliability investigation yielded a Kuder-Richardson Formula 21 reliability figure of .90. A validity study in which the PMS was administered to 1,000 elementary school children and several hundred adults found a significant positive relationship between PMS scores and chronological age. Subjects identified as behaviorally immature by teacher ratings, psychiatric institutional status, and questionnaire scores obtained significantly lower PMS scores than behaviorally mature groups of the same chronological age level. The test has also been used in cross-cultural research and the positive relationship between PMS scores and chronological age has been found with Cuna Indian children and adolescents in Panama. A copy of the scale may be constructed from WFPT items listed in the source document. The test and manual for the WFPT are available from the Consulting Psychologists Press, 577 College Avenue, Palo Alto, CA 94306.

PICTORIAL SEMANTIC SCALES

Comparison of pictorial and verbal semantic scales as used by children. Journal of Genetic Psychology, 1970, 117, 149-156.

Helper, Malcolm M., 520 South Seventeenth Street, Columbus, OH 43205

The Pictorial Semantic Scales were devised for the purpose of measuring the connotative meaning of words or concepts using pictorial rather than verbal rating scales. The pictorial scales were designed for use with children, for whom the use of a verbal semantic differential would present problems of comprehension. The bipolar adjectival scales by which a word's connotative meaning is assessed are represented pictorially by eight scales, five representing the evaluative dimension of meaning (i.e., words with good-bad connotations), and three representing the potency dimension of meaning (i.e., words with weak-strong connotations). Each pictorial scale consists of five representations of a person, animal, or object, arranged horizontally across an 8" by 14" panel. The five pictures are varied systematically in a way designed to elicit successive degrees of a particular affective response. An example of a pictorial scale representing an evaluative (good-bad) verbal scale consists of five pictures of a girl's profile, with features and headdress changing by degrees from those of a princess to those of a witch. An example of a pictorial scale representing a potency (strong-weak) verbal scale consists of five weightlifters. The first is small and holds the weight near his ankles; each successive picture shows a larger man with a more upraised weight. The twenty-one words or concepts were rated in terms of the eight pictorial scales. Sample words rated are: "Baby"; "America"; "Fire"; "Thief"; "Sun." Subjects were instructed to point to the picture which gave them the same feelings as the concept being rated. Sixth grade, fourth grade, kindergarten, and 4-year old subjects rated 21 words along eight pictorial scales; it was found that the pictorial scales were able to tap the evaluative and potency semantic dimensions in children at the kindergarten level and above. Further information and colored slides of the scales are available at cost from the author.

QUICK WORD TEST

New York, Harcourt, Brace and World, 1964.

Borgatta, Edgar F., & Corsini, Raymond J., Rupert, VT 05768

The Quick Word Test (QWT) is a rapid 100-item group test of verbal ability that is highly reliable and correlates reasonably well with other group and individual intelligence tests. Each item consists of a target word and four other words. Subjects are instructed to fill in the answer space for the word that means the same as the target word. A sample item is: "Flair"--"lair," "dare," "bent," "game." In research applications of this instrument, student activists obtained higher scores on the QWT than student nonactivists but there was no significant idealogy main effect (Kerpelman, L. C. Student political activism and ideology: Comparative characteristics of activists and nonactivists. Journal of Counseling Psychology, 1969, 16(1), 8-13.) More information is contained in the test manual. A copy of the instrument and the manual are available from Harcourt, Brace, and World, Test Department, 757 Third Avenue, New York, NY 10017.

THE RECENT AND REMOTE MEMORY SCALE

A scale for measuring meaningful recent and remote memory. Washington, DC, Veterans Administration Hospital, 1964.

Lasky, Julian J., Department of Health, Education, and Welfare, Public Health Service, National Institute of Mental Health, 5600 Fishers Lane, Rockville, MD 20852

The Recent and Remote Memory Scale is an instrument designed to measure recent and remote memory using both recognition and recall tasks. The instrument is designed for use with male and female subjects who possess at least a sixth grade education, range in age from early adolescence to old age, and are within the low normal range in intelligence. The instrument consists of two parts, the recent memory test, and the remote memory test. Each test has two forms, (requiring free recall or fill in responses, the other requiring recognition of the correct response in a multiple choice task). The recent memory section consists of questions on current events of wide national interest. The remote memory section consists of specially selected (i.e., easy to recall if you have ever learned them) national news events dating back to 1885. The remote and recent scales consist of 106 and 37 items respectively, and each scale is administered twice in immediate succession, the first time in the recall format, and the second time in the recognition format. Sample items from the scales are: "In which year did the great stock market crash occur?"; "Who is the governor of your state?" The instrument was developed specifically for use in the investigation of the effects on memory of aging, cerebral lesions, abnormal mental states, and treatment methods designed to improve memory functioning. The instrument is self-administered to groups or individuals and requires up to one hour for completion. Scoring requires about 10 minutes using scoring keys. Limited normative data based on 198 subjects are available. The scale is in its developmental stages, and no reliability or validity data have been compiled. A copy of the instrument and related materials may be obtained from the author.

THE SEMANTIC CONCEPT FORMATION TASK

Semantic concept formation as a predictor of success in a remedial education program. Fort Worth, Texas Christian University, 1972.

Evans, Selby H., & Price, Julia T., Department of Psychology, Texas Christian University, Fort Worth, TX 30601

The Evans Semantic Concept Formation Task (SCF) is an instrument designed to measure the human aptitude for spontaneous classification of stimuli on the basis of similarity. The instrument was developed for the purpose of investigating the relationship between such a nonverbal cognitive aptitude measure and other culture-fair aptitude tests which purport to assess "fluid" rather than "crystalized" intelligence. The SCF consists of six groups of tasks divided into two parts. Part I (consisting of tasks one, two, and three) contains groups of graph-like patterns or stimuli. In Part II (consisting of tasks four, five, and six) language like patterns (random combinations of letters) are used as stimuli. In tasks one and four subjects are asked to rate the similarity of two patterns and to judge whether they are from the same schema family or from different schema families. In tasks two and five, subjects must learn to identify examples of a single schema family from among patterns or stimuli which pertain to other schema families. The third and sixth tasks require memory for a previously identified schema family in that the subject distinguishes examples of it from stimuli of one other pattern family. The final form of the SCF contains 35 items per task or a total of 210 items. Nondiscriminating stimuli which all subjects identified correctly in an experimental administration of the SCF, as well as stimuli which did not correlate well with the total task subscore, were dropped to form the present 210-item task. Each SCF subtask requires about eight minutes for completion and is easily hand scored. SCF stimuli were derived from substantial theory and research in pattern perception and human information processing. Several studies have used experimental forms of the SCF. In one such study, moderate correlations between intelligence test scores and SCF scores was observed. In another study, the SCF was administered to 38 students participating in the Developmental Studies Program, a program involving one year of intensive remedial training for students who could not otherwise master college level work. The SCF was given to students at the onset of the program. After its completion, students were given two independent success ratings by the chairman of the program (assessment of intellectual capacity, and assessment of amount of improvement in school skills). Nine out of the 10 students who received high SCF scores, were also in the top half of the class in terms of one or both success criteria. Reliability coefficients for the various subtasks range from .51 to .82. Further information, related references, and a copy of the SCF may be obtained from the author.

SHAW BLOCKS TEST

The Shaw blocks test: A description. Journal of Clinical Psychology, 1967, 23(1), 88-89.

Lester, David, Department of Psychology, Stockton State College, Pomona, NJ 08240

The Shaw Blocks Test consists of four blocks of varying shapes each one of which is identified with particular markings. The subject is asked to inspect the blocks and arrange them in a series. He is required to give as many sequences as he is able in 12 minutes. Lester describes a scoring procedure which does not penalize originality (point score system available from the author). The Shaw Blocks Test, according to Lester, appears to be a measure of intelligence. A high correlation was found between the test and the Miller Analogies Test. It is a nonverbal instrument and can therefore be applied to deaf and dumb and non-English speaking subjects. The test requires a mental age of approximately eight years. A detailed description of the blocks is available in the source document. More information on the Shaw Blocks test and the Lester point score system is available from the author.

THE TESTS OF PRE-LITERATE THINKING APTITUDE

A longitudinal assessment of thinking ability of pre-literate children during a 2-year period. Tempe, Arizona State University, 1971.

Ball, Rachel S., Arizona State University, Tempe, AZ 85281

The Tests of Pre-literate Thinking Aptitudes were devised as part of a series of studies of the thinking ability of preschool children which involved investigation of the patterns and structure of cognitive development in white and black children aged three, four, and five years. So far, 1242 white children and 209 black children have been tested by means of a number of play type tasks designed to measure the structure of pre-literate thinking ability. In the longitudinal study, the same sample of subjects were given similar thinking ability tasks at age five in order to trace their development over time. The thinking test consists of 18 tasks. Sample tasks used in the study are: 1) Food-naming, the child is asked "tell me the things people like to eat"; 2) Hidden figures, three pictures with hidden objects, kittens, rabbits, balls, which the child receives points for identifying; 3) Word meanings, in a series of 10 questions; 4) Block sorting, four sets of blocks (circle, square, triangle, and diamond) are sorted on the basis of similarity. The 18 task variables were factor analyzed, and the following factors emerged: 1) Convergent figural thinking; 2) Originality; 3) Production of figural units; 4) Verbal reasoning; 5) Figural redefinition. In addition to the thinking ability tasks, mothers of child participants were given the Environment Influence Questionnaire which consists of 17 items tapping parental background and child-rearing practices. Parental socioeconomic status was found to be positively related to the spatial aptitude factors. Information about other projects using these tests and a complete description of the thinking ability tests themselves may be obtained from the author.

TULSA PSYCHIATRIC FOUNDATION TEST

Tulsa, OK, Tulsa Psychiatric Center, 1972.

Burkhalter, W. D., Tulsa Psychiatric Center, Tulsa, OK 74120

The Tulsa Psychiatric Foundation Test (TPFT) is an instrument designed to measure verbal-educational ability. The instrument is intended for use in the admission procedure for persons seeking psychiatric treatment and is designed primarily for the purpose of differentiating between five levels of verbal-educational ability, "deficient," "low," "average," "high" and "superior." The content of the TPFT mainly concerns general information and arithmetic abilities. The instrument does not measure abstract reasoning, concept formation, or perceptual skills. The TPFT consists of 20 multiple-choice questions. Sample items are: "London is in: a) France, b) Ireland, c) Italy, d) England . . ."; "72 divided by 9 equals: a) 6, b) 8, c) 9, d) 5 . . . ." The instrument is self-administered. The arithmetic mean for a random sample of 176 patients was 11.5, and the standard deviation was 3.25. To date, the major application of the instrument has been at the Tulsa Psychiatric Center. A copy of the instrument is available from the author.

USES FOR OBJECTS

Traits of school achievers from a deprived background. New York: Associated Educational Services, 1967.

Davidson, Helen H., & Greenberg, J. W., 90 La Salle Street, New York, NY 10027

The Uses of Objects is a verbal task designed to measure ideational fluency and spontaneous flexibility. The test was originally used with fifth grade children from lower class Negro populations attending urban ghetto schools. The test was developed as part of a large project concerned with differentiating high and low achievers on some cognitive, affective, motivational, or background dimensions hypothesized to be related to school achievement. The Uses of Objects consists of asking the subject to "tell how many uses you can think of for brick (paper, knife)." The procedure is believed to provide opportunities for divergent cognitive production. The task is administered individually by an examiner who urges the subject to "try harder" if he gives only one or two uses. The examiner records for each object the child's responses, reaction time and response time. A maximum of five minutes is allowed for response to each item. There are three scores, summed across all the objects, that are obtained. Ideational fluency is indexed by number of possible or correct uses and number of impossible or incorrect uses. The third score, number of categories required for grouping possible uses, is intended to measure spontaneous flexibility. Normative data and detailed information on scoring are available in the source document. The latter is a 294-page report containing instructions for scoring, administration, reliability, and descriptive data of 20 instruments used in the author's project to study achievement in children from deprived backgrounds. To date, this version of the Uses for Objects test has been used as a measure only in that project. A copy of the source document is available from the publisher, 630 Fifth Avenue, New York, NY 10020. A relevant reference is Guilford, J. P. Three faces of intellect. *American Psychologist*, 1959, 14, 469-479.

WILLINGNESS TO RISK QUESTIONNAIRE, FORM A

Denver, University of Denver, 1972.

Wesley, George R., Department of Psychology, Appalachian State University, Boone, NC 28607

The Willingness to Risk Questionnaire, Form A is an instrument designed as a direct measure of the willingness to risk in various social situations. The instrument can be used with any type of subject and is designed primarily to determine if a willingness to risk is related to vocational choice, academic achievement, intelligence, personality factors, and achievement activation. The test consists of 55 questions. Questions are answered on a 3-point scale, "never," "seldom," "frequently." Sample questions are: "Have you ever cheated on an examination?"; "Have you ever falsified information on an income tax return?" The questions are sequenced in groups of six, tapping six different areas of risk, legal, life, money, social, health, and validity. The instrument is self-administered. There is no time limit for completion of the instrument. A reliability coefficient of .71 has been obtained between this instrument and an indirect measure of willingness to risk developed by the author. To date, the major application of the instrument has been in doctoral research, which indicated that willingness to take risks is negatively correlated with academic achievement in college. A copy of the instrument is available from the author.

WILLINGNESS TO RISK QUESTIONNAIRE, FORM B

Denver, University of Denver, 1972.

Wesley, George R., Department of Psychology, Appalachian State University, Boone, NC 28607

The Willingness to Risk Questionnaire, Form B is an instrument designed as an indirect measure of willingness to risk. The instrument was designed to determine if a willingness to risk is related to vocational choice, academic achievement, intelligence, personality factors, and achievement motivation. The questionnaire consists of 100 multiple-choice questions relating to physical geography. Only 20 questions have a correct answer. A sample question that does not have a correct answer is: "One of the following is not a principal product of Burma, a) rice, b) cotton, c) tobacco, d) petroleum." If the respondent is absolutely sure of his answer he is asked to write "4" in the right hand margin of the instrument; if less certain he may write "3," etc., to "1," an educated guess. The instrument is self-administered, either with a 30-minute time limit or with no time limit. Scoring is accomplished by reversing the numbers in the right hand margin. A "4" is given a risk score of "1," indicating high risk. A validity coefficient of .30 has been obtained between this test and a questionnaire developed by the same author to provide a direct measure of willingness to risk. To date, the major application of the instrument has been in doctoral research, which showed a negative correlation between willingness to risk and academic achievement in college. A copy of the instrument is available from the author.

WORD PREFERENCE INVENTORY
Final Report, OEC-9-71-0019(057), December, 1972.

Dunn-Rankin, Peter, Educational Research and Development Center, College of Education, 1776 University Avenue, University of Hawaii, Honolulu, HI 96822

The Word Preference Inventory is an instrument designed to measure visual reading difficulties in children. The instrument is intended for use with elementary school aged children and is designed primarily for discriminating poor readers who have specific visual strategies for word recognition. The instrument contains 63 comparison type items. Each item consists of a 4-letter word (may be nonsense) and two, 3-to 5-letter compare words (nonsense). The child is asked to choose the one compare word which most looks like the target word. Sample items are: "pail-paill, ail"; "slim-mils, slimm"; "slow-slo, lows"; "jzmp-pmzj, jzwp"; "cspx-xpsc, cspxx"; "stjg-ztjg, stjgg." The instrument is self-administered and requires approximately 15 minutes to complete. Reliability data, results of the item analysis, and factor analysis are available in the source document. The author suggest the instrument's success in predicting poor readers could be utilized as a screening device in the selection of students with developmental lags in their visual processing skills. A copy of the instrument is available in the source document.

WRITTEN COMPOSITION
Traits of school achievers from a deprived background, New York: Associated Educational Services, 1967.

Davidson, Helen H., & Greenberg, J. W., 90 La Salle Street, New York, NY 10027

The Written Composition Test is designed to measure the degree of emphasis which a child places on his role as a learner in the school situation and to measure productivity in written language. The instrument was originally used with fifth grade children from lower class Negro populations attending urban ghetto schools as part of a large project concerned with differentiating high and low achievers on some cognitive, affective, motivational, or background dimensions hypothesized to be related to school achievement. The written composition consists of one question: "Write on the topic, 'The way I am in school.'" This topic was chosen as the most productive from a series of titles given to fifth graders in a pilot study. The test is administered to a group of children. Children are encouraged to write as much as they can and not to worry about spelling errors. There is no time limit although the time is usually less than 10 minutes. The test is scored by means of a content analysis of the composition. Two ratings are obtained: "Academic learning emphasis" reflects the child's stress on his role as an active learner in school in contrast to emphasis on carrying out routine tasks or upon nonacademic aspects such as conduct or interpersonal relationships; a "need for knowledge" rating is obtained as a measure of interest in learning something new or learning for its own sake. The number of words used in writing the composition is also counted as a measure of written verbal productivity. Normative data are reported in the source document, a 294-page report which also contains instructions for scoring, administration, reliability, and descriptive data of 20 instruments used in the project studying achievement in children from deprived backgrounds. To date the test has been used only in that project. A copy of the source document is available from the publisher, 630 Fifth Avenue, New York, NY 10020.

AMES PHILOSOPHICAL BELIEF INVENTORY

The development of an instrument for assessing the philosophical positions of school counselors. Counselor Education and Supervision, 1968, 7(4), 88-91.

Ames, Kenneth A., Gonzaga University, Spokane, WA 92202

The Ames Philosophical Belief Inventory (APBI) is an instrument designed to explore five philosophical regions, Idealism, Realism, Pragmatism, Phenomenology, and Existentialism. It is intended for use with school counselors and was constructed to assess the philosophical tenets upon which the counselor's professional work is based. The APBI consists of 25 forced choice items, with each pair of alternatives equated for social desirability. A sample item is: a) "Man's greatest need is for the courage to be himself"; b) "The consequences of man's actions are the measure of their value." Statements representative of the five philosophical regions were gathered through a search of relevant literature in order to develop an item pool for the instrument. Judges competent in philosophy selected statements accurately reflecting one of the five schools of thought; other judges equated various statements for social desirability. The instrument is self-administering. Normative data are reported in the source document and also in mimeographed materials available from the author. Reliability data and evidence relating APBI scores to rankings of philosophical positions by a respondent's colleagues are also presented in the source document. Two forms of the instrument, containing 105 and 250 items respectively, are available from the author.

ATTITUDES TOWARD A GUIDANCE PROGRAM (FORM A AND B)

Personnel and Guidance Journal, 1966, 1077-1083.

Barker, Donald G., Department of Educational Psychology, Texas A & M University, College Station, TX 77843

Attitudes Toward a Guidance Program (Form A and B) consists of two alternate forms of a scale for measuring attitudes toward school guidance programs. The instrument is intended for use with "normal" high school and college students. Each form of the scale contains 20 statements. A sample item is: "The guidance program is failing to reduce juvenile delinquency." In developing the instrument, 190 items were selected from 1,000 items submitted by school guidance students according to criteria suggested by Edwards, A. L., & Kilpatrick, F. P. (A technique for the construction of attitude scales. Journal of Applied Psychology, 1948, 32, 374-384.) One hundred and twenty-three of these items were obtained. The final selection of items for the two matched forms was by the combined criteria of scale value, clarity of meaning, and cross-validated discriminative power. The instrument can be self-administered in less than five minutes without oral directions. The respondent places a check mark by the statements with which he agrees. A subject's score is the median of the scale values of the attitude statements that he checks. Reliability and validity data as well as a copy of the instrument are available in the source document.

COUNSELING EVALUATION INVENTORY

Development and evaluation of an inventory for rating counseling. Personnel and Guidance Journal, 1965, 44(3), 267-276.

Linden, James D., Stone, Shelley C., & Shertzer, Bruce, Department of Psychology, Purdue University, Lafayette, IN 47907

The Counseling Evaluation Inventory (CEI) is an instrument designed to create rating criteria for use by clients in judging the effectiveness of the counselor and the counseling experience. The inventory was developed with the aim of exploring the value of such client ratings as reliable and valid criteria of counselor effectiveness. The CEI was adapted from the 50-item Interview Rating Scale devised by Anderson, R. P. & Anderson, G. U. Development of an instrument for measuring rapport. Personnel Guidance Journal, 1962, 41, 18-24. An additional 10 items were added to comprise the 68-item CEI. The CEI was administered to 336 high school students who were asked to evaluate their counseling experience with student counselors at Purdue University. From responses to this initial administration of the CEI, only those 21 items meeting the dual criteria of loading .40 or greater on only one factor and less than .40 on all other factors were retained. These 21 critical items formed three clusters which authors have designated as: 1) Counseling climate; 2) Counselor comfort; 3) Client satisfaction. Sample items from each of these respective factors are: 1) "I distrusted the counselor, the counselor acted cold and distant"; 2) "The counselor acted uncertain of himself, the counselor seemed restless while talking to me"; 3) "The counselor's discussion of test results were helpful to me, other students could be helped by talking to counselors." Respondents were asked to rate each item in terms of five response alternatives, "always," "often," "sometimes," "rarely," "never." The authors report test-retest coefficients ranging from .62 to .83. Significant correlations were also found between ratings received by student counselors on the CEI and their scholastic achievement. Further information, references, and a copy of the CEI may be obtained from Shelley Stone, Counseling and Personnel Services, Education Building, Purdue University, West Lafayette, IN 47907.

COUNSELING RATING SCALE

Team Counseling in Counselor Education. *Personnel and Guidance Journal*, 1968, 47, 981-983.

Mallars, Patricia Baker, Stockton Unified School District, 701 North Madison Street, Stockton, CA 95202

The Counseling Rating Scale (CRS) and the Young Clients' Counseling Rating Scale (YCCRC) are two forms of an instrument designed to measure the effectiveness of the interaction between student counselors and clients. The CRS is intended for use with adult clients and counselors, and the YCCRC for younger clients. The scales were constructed primarily for research in counseling approaches. Each form of the CRS is composed of 25 descriptive statements which require judgments of "good," "fair," or "poor," and one open-ended item for comment. A sample item on the CRS is: "The counselor(s) seemed relaxed." The matching item on the CRS for younger clients is: "I felt that the counselor(s) seemed relaxed or at ease." The two rating scales were constructed to test the hypothesis that team and standard approaches in counseling result in differences in satisfaction. The scale items were selected from the literature emphasizing desired goals and methods of counseling. The instrument is self-administered and requires about five minutes to complete. Reliability data are available in the source document. The major application of the instrument, to date, has been in research. A copy of the CRS and references to studies in which it has been used are available from the author.

COUNSELING SEMANTIC DIFFERENTIAL

Effect of client expectations on the counseling relationship. *Personnel and Guidance Journal*, 1968, 46, 797-800.

Grosz, Richard D., Student Life Center, Administrative Annex 67, University of Colorado, Boulder, CO 80302

The Counseling Semantic Differential is an instrument designed to measure counseling client reaction to anticipated and actual counseling sessions. The instrument was originally used to measure pre/post differences regarding expectations of and reactions to counseling; it has been used only with college-age students. The Counseling Semantic Differential consists of 30 semantic differential items, developed using the semantic differential model presented in Osgood, Suci and Tannebaum's The Measurement of Meaning. A sample semantic differential word pair is: "Meaningless-meaningful." The instrument is scored as for any semantic differential. Normative data are available in the source document. Response set is controlled by the placement of adjectives which the client checks. To date, the major application of the instrument has been with college students seen in a clinical counseling situation. A copy of the instrument is available from the author.

THE COUNSELING SERVICES ASSESSMENT BLANK

Fort Collins, CO, Rocky Mountain Behavioral Science Institute, 1972.

Hurst, James C., & Weigel, Richard G., Rocky Mountain Behavioral Science Institute, P. O. Box 1066, Fort Collins, CO 80521

The Counseling Services Assessment Blank (CSAB) is a questionnaire used in the evaluation of services provided by counseling agencies. It provides feedback information to the counseling agency on program effectiveness which can be helpful in facilitating progress agency improvement. The CSAB consists of 27 items divided up into the following categories: a) Demographic description of the clientele (items one to six); b) Client-self diagnosis in the Missouri Diagnositc Classification Plan categories (MDCP) (items seven to eight); c) Client percieved growth in each of the MDCP categories as a function of the counseling services provided (items 9 to 13); d) Evaluation of a variety of services offered, e.g., individual counseling, group counseling, testing, etc. (items 14 to 24); e) Client perceptions of the agency's image and role in the institution (items 25 to 26); f) Free response (item 27). The instrument has high face validity, which facilitates high return (78 percent in an initial survey) when using a mailing technique. The 16 Likert-type response items are easily quantified and are constructed for easy tabulation and transfer to data processing equipment. "Not applicable" choices give the instrument flexibility for agencies not offering all services covered in the questionnaire. The development of the instrument is described in Hurst, J. C., Weigel, R. G., Thatcher, R., & Nyman, A. J. Counselor-client diagnostic agreement and perceived outcomes of counseling. *Journal of Counseling Psychology*, 1969, 16, 421-426. A copy of the instrument and more information about it are available from the first author.

COUNSELOR ACTIVITY PROFILE

An objective scale for content-analysis of the counselor's interview behavior. Counselor Education and Supervision, 1971, 10, 283-290.

Wittmer, Joe, Department of Counselor Education, College of Education, University of Florida, Gainesville, FL 32601

The Counselor Activity Profile is a content-analysis scale which is designed to objectively and systematically quantify and profile a counselor's interview behavior according to the amount of interview time devoted to various discrete counseling responses. The instrument was designed primarily for use by experienced counselors and is intended to serve as an adjunct to counseling supervision. It is also designed for research purposes. The profile focuses attention on the counselor's behavior during the interview period. The instrument consists of 16 categories, attempting to include all counselor communcation acts that might occur in a given counseling situation. Sample categories are questioning, reassurance and content reflection. The categories are used to compose a profile of counselor behavior which indicates the proportion of time, out of a 21-minute interview, that was spent by the counselor in each category of behavior. Reliability of the instrument is reported to range from .76 to .94. Training in the use of the instrument requires approximately 2 to 3 hours. Complete instructions for using the Counselor Activity Profile and a sample profile are available in the source document. To date, the instrument has been used successfully in two research studies One study, Wittmer, J., & Lister, J. L. Rehabilitation and nonrehabilitation counselors: A comparison of personality and interview behavior. Counselor Education and Supervision (in press), used the profile to investigate school counselor's interview behavior as compared to vocational rehabilitational counselors with the same coached client. Five of the categories yielded significant differences between the two groups. Wittmer, J. & Ferendin, F. The effects of group counseling on the GPA and attitude of underachieving Negro delinquents with a profile of counselor's interview behavior. Journal of Comparative Group Studies, 1969.

THE COUNSELOR VERBAL RESPONSE SCALE

Interpersonal process recall stimulated by videotape. Studies in Human Interaction, 1967, 1, 1-63.

Kagan, Norman, Krathwohl, D. R., Goldberg, A. D., Campbell, R. J., Schauble, P. G., Greenberg, B. S., Danish, S. J., Resnikoff, A., Bowes, J., & Bondy, S. B., College of Education, Michigan State University, East Lansing, MI 48823

The Counselor Verbal Response Scale is an instrument designed for the purpose of evaluating the performance of counselors and counselor trainees during actual contacts with clients. The instrument evaluates the verbal behavior of the counselor through recorded interviews between the counselor and client. The instrument methodology requires that 20 consecutive verbal counselor responses to client statements be recorded and rated by trained judges. The rating procedure involves judges' rating each of the 20 consecutive counselor responses in terms of four pairs of dichotomous dimensions: 1) Affective versus cognitive; 2) Understanding versus nonunderstanding; 3) Specific versus nonspecific; 4) Exploratory versus nonexploratory. The rating of responses involves a forced choice task in which one member of each pair is selected to describe the nature of each of the 20 verbal interactions with the client. Judges are trained by exposure to a manual of rating instructions and a series of training exercises which each rater must successfully complete. Interjudge reliabilities for the Counselor Verbal Response Scale ranged from .68 to .84 in one series of studies and from .82 to .96 in another. Significant differences have been found among counselor's ratings at various levels of training using the scale. The instrument has been successfully employed in evaluating the effectiveness of experimental counselor education programs. Further information, the rater training manual, and a copy of the scale may be obtained from the author.

CRITICAL BEHAVIOR SCALES

Perceptions of rehabilitation counselor behavior. Personnel and Guidance Journal, 1966 [illegible] (1), 517-522.

Muthard, John E., & Miller, Leonard A., Regional Rehabilitation Research Institute, University of Florida, 901 Lakeshore Towers, Gainesville, FL 32601

The Critical Behavior Scales (CBS) Inventory is an instrument designed to yield opinions on what actions constitute effective rehabilitation counseling actions. The instrument is intended for use with vocational rehabilitation agency personnel, such as counselors, supervisors, administrators, and educators, and is designed primarily for research to determine the criteria for effective counseling. The CBS contains 18 items, each of which is a vignette of a critical incident describing specific counselor behavior. Each vignette is responded to on six bipolar semantic differential type scales, selected on the basis of previous research by Osgood (Osgood, E. E., Suci, G. J., & Tannenbaum, P. H. The measurement of meaning. Urbana, IL: University of Illinois Press, 1957). Two scales are evaluative, two are activity-oriented, and two are concerned with relative potency. The vignettes were developed from descriptions of critical incidents given by practicing rehabilitation counselors. The instrument is self-administered and requires approximately 45 minutes to complete. A sample vignette is: "A 42-year-old male client, with a condition of silicosis, applied for service and expressed interest in specific vocational training." After acceptance, he was given a battery of tests which indicated he had the ability to master the vocation in which he was interested. On the basis of these test findings, the counselor approved the plan for training and set up a program for his client. The counselor's action here in working out a program for this client was rated on six scales including "strong-weak," "beneficial-harmful." Reliability data are available in the source document. Controls for the CBS consisted of randomly ordering the vignettes in the booklets for the respondents and randomly sequencing the scales on different vignettes. To date, the major application of the CBS has been in research. A publication relevant to the instrument, The Criteria Problem in Rehabilitation Counseling, is available from the author.

DEPENDENCY SCALE

Variables relating to client counselor interaction in vocational rehabilitation. Salt Lake City, University of Utah, 1968.

Farley, W. D., Department of Psychiatry, University of Utah, 1400 East Second South, Salt Lake City, UT 84112

The Dependency Scale (D-Scale) is an instrument designed to measure the dependent needs of respondents as these are reflected in a counseling situation. The instrument was derived from the work of Wallen and Wodtke (Wallen, N. E., & Wodtke, K. H. The relationship between teacher characteristics and student behavior. Part I, Final report, U. S. Department of Health, Education and Welfare, Contract #2-10-013. Salt Lake City, University of Utah, 1963) who designed a scale to measure several needs: "Achievement need"; "Affiliation need"; "Dependency need"; and "General anxiety." A strong correlation was found between the affiliation and dependency measures in the Wallen-Wodtke Scale, leading the author to combine these scales into one measure of dependency, the D-Scale. The 20 best items from the original scales which were found to measure dependency needs were incorporated into the present scale. Sample items from the scale are: "Do you like to be told what to do and when to do it?"; "Do you like to be the leader in new situations?" Answers are made by marking "yes" or "no" for items. The instrument requires about 10 minutes for completion and is hand scored. Several studies have established a high level of construct validity for the D-Scale. For example, D-Scale scores were found to significantly separate social work trainees from their counseling supervisors. Further information, related references, and a copy of the instrument may be obtained from the author.

EMPATHIC UNDERSTANDINGS IN INTERPERSONAL PROCESSES SCALE

Toward effective counseling and psychotherapy: Training and practice. Chicago, IL: Aldine Publishing Co, 1967.

Truax, Charles B., & Carkhuff, R. R., Department of Educational Psychology, University of Calgary, 2920-24 Avenue North West, Calgary, Alberta, Canada T2N IN4

The Empathic Understanding in Interpersonal Process Scale (EUIPS) is designed to constitute a measure of counselor effectiveness and counselor trainee performance. The instrument provides a method by which the interview variable of accurate empathic understanding may be evaluated in actual counselor interactions with a client. The instrument evaluates the verbal behavior of the counselor through recorded interviews. The instrument methodology requires that 20 consecutive verbal counselor responses to client statements be recorded and rated by trained judges. Each counselor statement is rated in terms of a 5-point counselor evaluation scale developed by Carkhuff (Carkhuff, R. R. Training the counseling and therapeutic practice: Requiem or reveille. *Journal of Counseling Psychology*, 1966, 13, 360-367). Each of the 20 counselor statements is given a numerical value from one to five. A rating of "1" indicates that the counselor's response does not add to or significantly detract from the verbal expression of the client. A rating of "2" indicates that the counselor responds in such a way that affect is noticeably subtracted from client communications. A rating of "3" reflects that the counselor responded to the clients with affect and meaning that is essentially the same as that expressed by the client. When the counselor expresses client meaning and affect at a deeper level than the client was himself able to express, the response is rated "4." A response is rated "5" when the counselor is responding in a way which significantly adds to the feelings expressed by the client. Interjudge reliabilities based on 4-minute counselor-related references and a copy of the instrument may be obtained from Norman Kagan, College of Education, Michigan State University, East Lansing, MI 48823 or from the author.

FORMER STUDENT QUESTIONNAIRE

Project Summary: Guidance programs and their impact on students. U. S. Department of Health, Education and Welfare, Minnesota Department of Education, 1965-1968.

Tamminen, Armas W., & Miller, G. Dean, Department of Education, State of Minnesota, 550 Cedar Street, St. Paul, MN 55101

The Minnesota Guidance Research Former Student Questionnaire is an instrument designed to measure evaluation of existing high school guidance programs and various personal and social attributes of high school dropouts. The instrument is intended for use with students who dropped out of high schools which have operative guidance programs. The data from the instrument are intended for use in a study of the relationship between the extent and kind of guidance efforts expended and certain personal-social attributes of the students thought to be related to guidance efficacy. The instrument contains 20 items of the multiple forced choice and open-ended type. Sample items are: "What grade were you in when you left school?"; "Approximately how many books does your family have?" (forced choice categories); and "Did you ever go to see a school counselor?" The instrument was developed through a literature study which yielded variables theoretically related to guidance program success. The instrument is self-administered. Data from a study of 85 public high schools in Minnesota which utilized the questionnaire are available in the source document. To date, the major application of the instrument has been in the Minnesota Guidance Research Project. A copy of the instrument is available in the appendix of the source document.

GENERAL GUIDANCE QUESTIONNAIRE
Project Summary: *Guidance programs and their impact on students*. U. S. Department of Health, Education and Welfare, Minnesota Department of Education, 1965-1968.

Tamminen, Armas W., & Miller, G. Dean, Department of Education, State of Minnesota, 550 Cedar Street,
St. Paul, MN 55101

The Minnesota Guidance Research General Guidance Questionnaire is an instrument designed to measure relationships between the amount and kind of guidance efforts expended and the variations in certain personal-social attributes of students assumed to be related to guidance in various environmental situations. The instrument is intended for use with the administrating counselor of an operative secondary school guidance program. The questionnaire contains 30 items including open-ended, multiple-choice, and rating scale formats. Sample items are: "How available are your occupational-educational materials to students with respect to location, easy accessibility, and a filing system that makes it easy for the student to find what he needs?" (5-point rating scale ranging from "quite unavailable" to "very readily available"); "What is the extent of teacher-counselor cooperation in guidance?" (multiple-choice item, e.g., "Teacher and counselor work together regarding individual student growth and personal problems"). The questionnaire is self-administered. Data from a study of 85 public high schools in Minnesota which utilized the questionnaire are available in the source document. To date, the major application of the instrument has been in the Minnesota Guidance Research project. A copy of the instrument is contained in the appendix of the source document.

GENERAL INFORMATION QUESTIONNAIRE
Project summary: *Guidance programs and their impact on students*. U. S. Department of Health, Education and Welfare, Minnesota Department of Education, 1965-1968.

Tamminen, Armas W., & Miller, G. Dean, Department of Education, State of Minnesota, 550 Cedar Street,
St. Paul, MN 55101

The Minnesota Guidance Research General Information Questionnaire is an instrument designed to measure variables related to efficacy of guidance programs in secondary schools. Specifically, the questionnaire elicits information constituting three groups of independent variables, inputs which refer to characteristics and activities of guidance programs as they exist in the school, situational variables which include descriptions of the setting in which guidance takes place as well as student characteristics (e.g., socioeconomic status), and outcome variables which are personal-social characteristics and behaviors of students that are presumed indices of the attainment of guidance goals. The General Information Questionnaire is intended for use by the principal or school administrator and is designed for secondary schools which have operative guidance programs. The questionnaire contains 46 items including open-ended, multiple-forced choice, and rating scale formats. A sample item is: "About what percent of the students in your grade (10 to 12) are repeating one or more courses (or repeated them in summer sessions) because of failure to achieve satisfactorily last year?" The instrument was developed by a literature search of variables assumed or demonstrated to be related to guidance, incorporation of some preexisting instruments for measuring such variables, and creation of new items when necessary. Field tests and revisions were made and approval obtained from the U. S. Office of Education. The questionnaire is self-administered. Data from a study of 85 public high schools in Minnesota which utilized the questionnaire are available in the source document. To date, the major application of the instrument has been in the Minnesota Guidance Research project. A copy of the instrument is contained in the appendix of the source document.

GUIDANCE FUNCTION QUESTIONNAIRE
Elementary school guidance: demonstration and evaluation. St. Paul, Pupil Personnel Services Section, Department of Education, 1972.

Miller, G. Dean, Pupil Personnel Services, Department of Education, Capitol Square, 550 Cedar Street,
St. Paul, MN 55101

The Guidance Function Questionnaire (GFQ) is an instrument designed to measure the appropriateness, achievement, and helpfulness of specific functions associated with guidance counseling. The instrument is intended for use with elementary guidance workers and teachers and is designed primarily to assess the feelings and reactions of guidance workers and teachers to specific guidance functions. The GFQ contains 15 statements of possible functions of an elementary guidance counselor. The items are answered on three levels, "Appropriateness of function"; "Achievement of function"; and "Helpfulness to me." Each level is answered on a 5-point scale ranging from "very much so" to "not at all." The instrument was developed through research by the author in guidance programs. The instrument is self-administering and requires approximately 15 minutes for completion. Reliability data are available in the source document. The GFQ was found to correlate .40 for appropriateness, .70 for achievement, and .71 for helpfulness. These correlations were derived from a sample of 42 elementary teachers. A copy of the instrument is available from the author.

HIGH SCHOOL GRADUATE QUESTIONNAIRE

Project Summary: Guidance programs and their impact on students. U. S. Department of Health, Education and Welfare, Minnesota Department of Education, 1965-1968.

Tamminen, Armas W., & Miller, G. Dean, Department of Education, State of Minnesota, 550 Cedar Street, St. Paul, MN 55101

The Minnesota Guidance Research High School Graduate Questionnaire is an instrument designed to measure personal and social characteristics of high school graduates as well as those students' perceptions and evaluations of the guidance programs that existed in their schools. The data from the questionnaire are intended for use in a study of the relationship between the extent and kind of guidance efforts expended in secondary schools and certain variables of student success thought to be related to guidance program efficacy. The instrument is intended for use with recent high school graduates of schools with operative guidance programs. The instrument contains 20 items of the forced choice and open-ended type. Sample items include: "Education of father"; "When you were a senior, what did you plan to do the following year?"; "What are you doing now?"; "About how many times did you have visits or interviews with a counselor during the senior high school years (grades 10 to 12)?" The instrument was developed through a literature study which yielded student variables thought to be related to the relative success of secondary school guidance programs. The instrument was pretested in a field study and subsequently approved by the U. S. Office of Education. The questionnaire is self-administered. Data from a study of 85 public high school guidance programs in Minnesota which utilized the instrument are available in the source document. To date the major application of the instrument has been in the Minnesota Guidance Research project. A copy of the instrument is available in the source document appendix.

INDIVIDUAL COUNSELOR QUESTIONNAIRE

Project Summary: Guidance programs and their impact on students. U. S. Department of Health, Education and Welfare, Minnesota Department of Education, 1965-1968.

Tamminen, Armas W., & Miller, G. Dean, Department of Education, State of Minnesota, 550 Cedar Street, St. Paul, MN 55101

The Minnesota Guidance Research Individual Counselor Questionnaire is an instrument designed to measure the amount and kind of guidance efforts expended in secondary schools as they relate to indices of guidance program efficacy, (e.g., personal-social attributes of the counseled students). The questionnaire is intended for use by each counselor working at a secondary school which has a functioning guidance program. The questionnaire contains 37 items of the open-ended and multiple-choice type. Sample items are: "List below the professional journals to which you and/or the guidance program subscribe and estimate the percent of time spent with each category of student below, student scheduled by you, students referred by teachers, administration, and others, self-referred students" (students who come in of their own accord). The questionnaire was developed by a literature study which yielded input variables (i.e., efforts expended by counselor) which are theoretically related to the efficacy of guidance programs. The questionnaire was pretested in a field study and approved by the U. S. Office of Education. The instrument is self-administered. Data from a study of 85 public high schools in Minnesota which utilized the questionnaire are available in the source document. To date, the major application of the instrument has been the Minnesota Guidance Research project. A copy of the instrument is available in the appendix of the source document.

INTAKE FORM WITH GOAL CHECKLIST

Eugene, University Counseling Center, 1969.

Thompson, Andrew, University of Oregon Counseling Center, University of Oregon, Eugene, OR 97403

The Intake Form With Goal Checklist consists of two parts. One part solicits information such as age, sex, G.P.A., marital status, year in school, and referral source. The other part is a goal checklist which solicits diagnostic information concerning the goals of clients seeking help at counseling centers. It consists of 38 kinds of goals plus an "other" category. The Intake Form was developed on the basis of case reviews of previous clients, administration of pilot forms, and consultation with counselors. It is administered to clients before their first interview and takes 5 to 20 minutes to complete. Scoring is done with an optical scanning machine. A study reported in Thompson, A., & Zimmerman, R. Goals of counseling: Whose? when? *Journal of Counseling Psychology*, 1969, 16, 121-125, found a correlation of about .50 between goals completed before counseling and goals completed either during or after counseling. The University of Oregon Counseling Center has normative data on its population available upon request. The instrument's validity is presently being studied by relating checklist responses with followup data. A copy of the instrument is available from the author.

1966 GRADUATE QUESTIONNAIRE

Project Summary: Guidance programs and their impact on students. U. S. Department of Health, Education and Welfare, Minnesota Department of Education, 1965-1968.

Tamminen, Armas W., & Miller, G. Dean, Department of Education, State of Minnesota, 550 Cedar Street, St. Paul, MN 55101

The Minnesota Guidance Research 1966 Graduate Questionnaire is an instrument intended for use by students who have been graduated from high school for one year. The instrument measures the students' degree of satisfaction with present life situation as well as the students' evaluation of the guidance program that existed in his or her school. The data from the questionnaire are intended for use in a study of the relationship between the extent and kind of guidance efforts expended in a school and certain social and personal attributes of the school's students which are assumed to be related to guidance efficacy. The instrument contains five items of the open-ended, dichotomous and multiple forced choice and rating scale type. Sample items are: "Now that you have been out of high school for a year, would you look back at your guidance program and indicate the ways in which it helped you from the list below, checking yes or no for each kind of help listed, and indicating for each yes answer who helped you (e.g., help in getting to know the school, help in finding part time or summer work)"; "Now, thinking about the guidance program in general, about how helpful was it to you?" (7-point rating scale of helpfulness). The instrument was developed through a literature review which yielded variables of guidance programs assumed to be related to subsequent student success. The instrument was pretested in a field study and subsequently approved by the U. S. Office of Education. The questionnaire is self-administered. Data from a study of 85 public high school guidance programs in Minnesota which utilized the instrument are available in the source document. To date, the major application of the instrument has been in the Minnesota Guidance Research Project. A copy of the instrument is contained in the appendix of the source document.

OVERALL RATING OF COUNSELOR EFFECTIVENESS SCALE

Project Summary: Guidance programs and their impact on students. U. S. Department of Health, Education and Welfare, Minnesota Department of Education, 1965-1968.

Tamminen, Armas W., & Miller, G. Dean, Department of Education, State of Minnesota, 550 Cedar Street, St. Paul, MN 55101

The Minnesota Guidance Research Overall Rating of Counselor Effectiveness Scale is an instrument intended for use by interviewers who visit a number of secondary schools in an evaluative research capacity. The instrument requests the interviewer to make a global estimate of the effectiveness of each counselor at the schools visited. Data from the instrument are designed for use in a study of the relationship between the extent and kind of guidance efforts expended in schools and certain personal-social attributes of students thought to be related to guidance efficacy. The instrument consists of a 5-point rating scale of counselor effectiveness ranging from "unusually ineffective" to "unusually effective." To aid in the rating process, the instrument provides guidelines of criteria which define the effectiveness of a counselor and examples of evidence in the schools of counselor effectiveness. Sample guideline statements defining counselor effectiveness are: "Enthusiastic about his work and its importance"; and "Vitally interested in students and growing, striving to improve his knowledge, skills, and services." A sample of the evidence to look for is: "Evidence of time spent in actual counseling" (individual and group); "Parent contacts"; etc. The instrument was developed by a literature search which yielded variables thought to be related to counselor effectiveness and guidance program success. The instrument is self-administered. Data from a study of 85 public high school guidance programs in Minnesota which utilized the instrument are available in the source document. To date, the major application of the instrument has been in the Minnesota Guidance Research Project. A copy of the instrument is contained in the appendix of the source document.

PARENT GUIDANCE ATTITUDE SCALE

Elementary school guidance: Demonstration and evaluation. St. Paul, Pupil Personnel Services Section, Minnesota Department of Education, 1972.

Barker, Donald G., Texas A and M University, Education and Psychology, College Station, TX 77843

The Parent Guidance Attitude Scale (PGAS) is an instrument designed to measure the attitudes of parents toward school guidance programs. The instrument is intended for use with parents primarily to assess the relationship of counselor effectiveness to parents' positive attitudes toward guidance programs. The PGAS contains 20 statements concerning a guidance program. The items focus on negative and positive attitudes toward guidance programs. Sample items are: "Specialized guidance personnel are outsiders and are therefore less able to offer guidance than regular teachers"; "The removal of the guidance program would leave a void which would be extremely difficult to fill." The items are answered by checking the statements with which the respondent agrees. The instrument was developed through research in guidance projects. The PGAS is self-administering and requires approximately 10 minutes to complete. Reliability data are reported in Barker, D. G. Development of a scale of attitudes toward school guidance. *Personnel and Guidance Journal*, 1966, 44, 1071-1083. A copy of the instrument is available from G. Dean Miller, Pupil Personnel Services Section, Department of Education, Capitol Square, 550 Cedar Street, St. Paul, MN 55101.

PERCEPTION OF COUNSELOR QUESTIONNAIRE

Elementary school guidance: Demonstration and evaluation. St. Paul, Pupil Personnel Services Section, Minnesota Department of Education, 1972.

Miller, G. Dean, Pupil Personnel Services Section, Department of Education, Capitol Square, 550 Cedar Street, St. Paul, MN 55101

The Perception of Counselor Questionnaire (PCQ), adopted from the Barret-Lennard scale (1962), is an instrument designed to measure counselor effectiveness based on a pupil's or a teacher's perception of the counselor. The instrument is intended for use with students and teachers for the purpose of determining counselor characteristics essential to counseling students and consulting with teachers. The PCQ contains 29 items consisting of statements concerning the perceived warmth and understanding of a counselor. The statements are answered on a 5-point scale, ranging from "very true" to "definitely not true." A sample item is: "Sometimes he is warm and friendly, sometimes not so friendly." The PCQ was developed for use in a high school guidance research project. The instrument is self-administering and requires 10 to 20 minutes for completion. Normative, reliability and validity data are available in the source document. The PCQ was found to correlate .86 when used in a test-retest procedure with teachers. The instrument was found to correlate .46 when used in a test-retest procedure with children. A copy of the instrument is available from the author. Barrett-Lennard, G. T. Therapy response and therapeutic change. Psychological Monograph: General and Applied, 1962, 26(43), 1-36.

ROLE BEHAVIOR SCALE

Athens, University of Georgia, 1965.

Gazda, George M., Department of Counseling and Student Personnel Services, College of Education, University of Georgia, Athens, GA 30601

The Role Behavior Scale (RBS) was designed to measure role behavior changes in the roles played by counselors after participating in group counseling. The RBS consists of a set of 10 role definitions: "Opinion seeker"; "Information giver"; "Initiator"; "Interpreter"; "Passive resistor"; "Nonparticipant"; "Aggressor"; "Recognition seeker"; "Help seeker"; and "Dominator." For example, the "Help seeker" tries to evoke sympathy from others through expressions of insecurity, personal confustion, or depreciation of self. Each subject is asked to make four ratings on 5-point scales for each of the role definitions: 1) Respond to these roles as you see yourself; 2) Respond to these roles as you really wish you are; 3) Respond to these roles as you fear you are; 4) Respond to these roles with your most accurate estimate of how other people in the group see you. Item reliabilities, rater reliabilities, and perceived changes in role behavior are reported in Gazda, G. M., & Bonney, W. C. Effects of group counseling on role behavior of counselors in training. Counselor Education and Supervision, 1965, 4(4), 205-211. The results of this study showed that after a 7-week group counseling experience, there was a significant increase in the assumption of the roles of information giver, interpreter, nonparticipant, and aggressor. It is suggested that repeated preadministration and postadministration of the RBS to counselors in groups may help counselors in the future to predict more accurately what the effects of this experience will be for a particular group. A copy of the instrument is available from the author.

A SCALE FOR SELF-DESCRIPTION

Journal of Clinical Psychology, 1960, 16(2), 153-158.

Grigg, Austin E., & Kelley, H. Paul, Dean's Office, Richmond College, University of Richmond, Richmond, VA 23173

A Scale for Self-description is an instrument designed to serve as a criterion measure for college counseling clients. The instrument is a self-report, self-administered measure which elicits descriptions of feelings, study or work habits and social reaction pattern. Specifically, the instrument consists of three stem sentences which subjects complete by selecting three adjectives from a pool of 12 different adjectives to describe social reactions. A sample item is: "When I study or work, I seem to be ____________, ____________, and ____________." Clinical psychologists and counseling psychologists were independently asked to rank each of the adjectives as to the degree of adjustment the words indicated. These rank order ratings were then used to obtain scale values within each set by case V of Thurstone's Law of Comparative Judgment. Using the scaled values for the adjectives, a score for each respondent in each area, feelings, work habits and social reactions, can be computed by taking the average scale value of the three adjectives chosen from each pool. The instrument was standardized on a sample of 282 counseling clients and 128 nonclients, all university students. Normative data, reliability and validity information are available in the source document. In a validation study, the instrument was found to discriminate clients from nonclients. Scores on the scales for a client group were also found to change significantly following therapy, whereas no significant changes occurred after a 5-week interval in a nonclient control sample. A copy of the instrument is available from the first author.

SCHOOL COUNSELORS ACTIVITIES CHECKLIST

Buffalo, NY, 1970.

Stevic, R. R., State University of New York, 3 Foster Annex, Buffalo, NY 14214

The School Counselors Activities Checklist is an instrument designed to measure the relative importance assigned by the respondent to various activities performed by school counselors. The instrument is intended for use by students and school personnel. The checklist contains 180 items each of which represents a description of an activity of a school counselor. The items are grouped into clusters of three items each. The respondent is asked to check, for each group of three activities, the activity he or she considers most important for the counselor in meeting the needs of the school and the student and the activity he or she considers least important in meeting those needs. Sample items are: "Assist a student to appraise his educational progress"; "Conduct a group guidance class on study habits"; "Establish a personal contact with community agencies." The instrument is self-administered. The list of activities was developed by using traditional role functions of school counselors as well as actual examples of activities typically performed. A copy of the instrument is available from the author.

SCHOOL COUNSELOR ACTIVITIES RATING SCALE

Buffalo, 1970.

Stevic, R. R., State University of New York, 3 Foster Annex, Buffalo, NY 14214

The School Counselor's Activities Rating Scale is an instrument designed to measure the extent to which various activities are performed by the typical school counselor in junior and senior high school settings. The instrument is intended for use by students and school personnel. The Rating Scale consists of 60 items each of which represents an example of a school counselor's guidance and counseling duties. Each item is rated on a 5-point scale according to the extent to which each item is seen as reflecting part of the typical counselor's activities. The rating scale ranges from "never" to "very much." Sample items are: "Work with citizens committee on on community problems"; "Counsel students on vocational choices"; "Conduct field trips to colleges"; "Score tests." The instrument is self-administered. A copy of the instrument is available from the author.

THE SOCIAL INTERACTION SCALE

Interpersonal relationships: Factors in job placement. Regional Rehabilitation Research Institute Bulletin, 1968, 3, 1-51.

Jorgensen, Gary O., Janzen, Frederick U., Samuelson, Cecil O., & McPhee, William M., University of Utah, Alcohol and Drug Clinic, Salt Lake City, UT 84112

The Interaction Scale (IS) is an instrument designed to measure the dynamics of the interpersonal relationship existing between vocational rehabilitation counselors and clients. The instrument was developed as part of a study designed to investigate the relationship between client-counselor interaction and the client's subsequent rehabilitation progress. The instrument consists of 20 items per subscale. The 20 items were derived from 10 pairs of bipolar adjectives determined to be of relevance to the counseling situation (e.g., acceptance-rejection, support-oppose, guide-mislead, etc.). Two sets of 20 such items were put in sentence form to permit the measurement of both perception and expression of feelings. Sample items from the perceptions and expression IS subscales are: "He supports me"; "He attacks me"; "He calms me"; "I displease him"; "I hinder him"; "I distrust him." Subjects are asked to rate items in terms of the four response options, "most of the time," "more than half of the time," "less than half of the time," "hardly ever." The IS is responded to by both members of the interacting dyad, i.e., the client and the counselor. The instrument requires about five minutes for completion. The IS was developed from a consideration of the 3-part interpersonal classification of Horney in terms of "toward," "against" and "away." A fourth classification, for (or with) was included by the authors. From a list of approximately 200 interpersonal needs, 10 pairs of bipolar adjectives were selected to represent the classification scheme adapted from Horney (Horney, Karen. Our inner conflicts: A constructive theory of neurosis. New York, W. W. Norton and Co., 1945). Retest coefficients ranging from .58 to .83 have been observed for the IS. Further information and a copy of the interaction scale may be obtained from the author.

THE SUPERVISOR ROLE ANALYSIS FORM
Columbia, University of Missouri, 1971.

Gysbers, Norman C., Department of Counseling and Personnel Services, College of Education, University of Missouri, Columbia, MO 65201

The Supervisor Role Analysis Form is an instrument designed to assess the manner in which counseling students perceive the role of the ideal trainee supervisor or training director. The test consists of 46 items describing duties or activities that a counseling supervisor might undertake. The activities described in the items reflect various different approaches to counselor training, ranging from complete supervision and dependence on the supervisor to a minimal intervention by the supervisor in the learning process. Sample items from the instrument are: "Observe and criticize all my interviews in terms of where I need to make improvements"; "Tell me what to do"; "Let me discover for myself what counseling is all about." Trainees rate each statement on the basis of the degree to which they feel a good or ideal counseling supervisor should undertake the activity described. Ratings are made in terms of a 5-point scale. The Role Analysis Form thus could be employed to assess the particular training needs of counselor trainees and match these needs with the training approaches most suited to them. Further information and a copy of the instrument may be obtained from the author.

TEACHER QUESTIONNAIRE
Project Summary: Guidance programs and their impact on students. U. S. Department of Health, Education and Welfare, Minnesota Department of Education, 1965-1968.

Tamminen, Armas W., & Miller, G. Dean, Department of Education, State of Minnesota, 550 Cedar Street, St. Paul, MN 55101

The Minnesota Guidance Research Teacher Questionnaire is an instrument designed to measure teachers' evaluations and perceptions of guidance programs as they currently exist in their secondary schools. The information from the questionnaire is intended for use as a data source in a study of the relationship between the amount and kinds of guidance efforts expended in schools and the variations in certain personal-social attributes of the students assumed to be related to guidance. The instrument is intended for use with teachers of secondary schools where a viable guidance program exists. The questionnaire contains five general items with 36 subset items, all of which are of the rating scale type. Sample items are: "In general, how well do you feel your present guidance program is meeting the needs of your students?" (9-point rating scale of teacher's satisfaction with the guidance program); "Based on your observations and experience, how helpful has the counselor and/or guidance program of your school been in each of the following areas?" (e.g., helps plan students' programs) answered on basis of a 3-point scale ranging from "very helpful" to "of little or no help" with an additional option of, "do not know." The questionnaire is self-administered. The instrument was developed by a review of the literature which provided variables theoretically related to guidance program success. Data from a study of 85 public high schools in Minnesota which utilized the questionnaire are available in the source document. To date, the major application of the instrument has been in the Minnesota Guidance Research project. A copy of the instrument is available in the appendix of the source document.

VALUE COMPARISON QUESTIONNAIRE
Psychological Reports, 1969, 24, 299-310.

Weisskopf-Joelson, Edith, Alleman, S. A., Anderson, J. M., & Katkin, S., Department of Psychology, University of Georgia, Athens, GA 30601

The Value Comparison Questionnaire is an instrument designed to measure relative meaningfulness of hypothetical comments made by a counselor to a client or student. The instrument is intended for use primarily with young adults. The questionnaire assesses nine values inherent in the counseling context: "Self-interpretation"; "Self-actualization"; "Humanistic support"; "Relationship"; "Positive evaluation of suffering"; "Dedication"; "Support"; "Achievement and conformity." The instrument consists of 72 paired comparisons. Each item consists of two statements or comments hypothetically made by a counselor to a young adult. The respondent is asked to circle the letter of the comment which is most meaningful to him. A sample item is: a) "I am very interested in talking to you about your problems. I am sure I can help you with them"; b) "If you will set goals for yourself and work hard to reach them, your life will be a successful one." The instrument is self-administered. A copy of the instrument is available from the author.

THE WISCONSIN RELATIONSHIP ORIENTATION SCALE

Responses to hypothetical counseling situations as a predictor of relationship orientation in school counselors. Madison, University of Wisconsin, 1963.

Steph, Joe A., University Medical Center, 2525 Rural Road #7, Tempe, AZ 85281

The Wisconsin Relationship Orientation Scale (WROS) has been used to determine the nature of the relationship existing between counselor and client as perceived by the client. The instrument consists of a rating scale in terms of which the client indicates how he feels about the counselor. The rating scale represents a 5-point continuum ranging from total avoidance to feeling free to discuss almost anything with the counselor. In a validation study, Resnikoff, A. *The relationship of counselor behavior to client response and an analysis of a medical interviewing training procedure involving simulated patients*. East Lansing: Michigan State University, 1970.) Significant differences were found on the WROS ratings of counselors rated low and high on a counselor behavior scale. An experimental application of the WROS, to be published shortly, may be found in Schauble, P. G., Kagan, N., & Pierce, R. M. *Accelerating client progress in counseling and psychotherapy through interpersonal process recall* (IPR). Further information regarding this publication and a copy of the WROS may be obtained from Norman Kagan, Michigan State University, College of Education, East Lansing, MI 48823.

CRIME

ADJUSTMENT RATINGS
Tallahassee, The Florida State University, 1970.

Megargee, Edwin I., Psychology Department, The Florida State University, Tallahassee, FL 32306

The Adjustment Ratings form (AR) is an instrument designed to measure the behavioral adjustment of inmates in correctional settings. The AR was originally developed for use in a medium security institution comprising offenders 18 to 25 years and is designed primarily for evaluating behavior of inmates in their dormitory area. The instrument consists of 5-point ordinal scales, designed to assess interpersonal behavior, emotional adjustment and ego-strength. A sample scale is: "Relations with other men, a) very poor, hostile, antagonistic, disliked by most men; b) doesn't make friends easily, rubs others the wrong way, or keeps to himself, not popular; c) satisfactory, gets along all right with most men but not all, has his good and bad days; d) gets along well with almost everyone; e) excellent, cooperative and congenial, gets along very well with everyone, very popular, an asset to the dorm." The instrument also contains a 21-item problem checklist designed to focus on specific areas of difficulty. The instrument was developed by discussing the behavioral concerns of institutional officers. When the critical behavioral dimensions had been determined the AR scales were constructed. The instrument is structured in questionnaire form and is to be used by dormitory officers at specified intervals, i.e., weekly, mostly; it is also used by inmates as a self-report device prior to release. The AR shows a significant degree of face validity but has not been tested for reliability or empirical validity. The instrument has been used primarily in research. More information and a copy of the instrument are available from the author.

ASSESSMENT OF I-LEVEL KNOWLEDGE
Center for Training in Differential Treatment, final report of Phase I, part two, major assessment instruments used in project. Final report, NIMH Grant, MH-10893, 1970.

Tolhurst, George E., Dixon, D. E., Howard, G. F., Litke, M., & Warren, M., Center for Training in Differential Treatment, 3614 Fifth Avenue, Sacramento, CA 95817

The Assessment of I-Level Knowledge is an instrument designed to measure a trainee's competence in "I-level theory" of delinquency prior to an intensive five to nine-week training program at the Center for Training in the Differential Treatment of criminal offenders. The instrument is administered on the first day of training (pretest) and is readministered as a postassessment following training in the subject matter covered by the instrument. The procedure permits assessment of change in I-level knowledge as a result of the training program and is indexed by the difference in pre- and postassessment scores. Feedback is provided to individual trainees following postassessment. The instrument consists of 64 items, five open-ended definition of terms and 59 multiple choice items. The first part requires definition (e.g., I-level theory, phases of interpersonal relating ability) and a time limit of 30 minutes is imposed. The other two content areas cover similarities and differences among the subtypes at I-level three and at I-level four. Sample items are: "I-level theory views delinquency and law violations as, a) an almost inevitable consequence of passing through certain stages of development, b) a product of poor living conditions and a rather uncertain world situation, c) chiefly, the failure of many youths to integrate the rules and laws of society into their self-concept, d) none of the above." "The two neurotic subtypes (Na and Nx) differ from each other in which of the following: a) Underlying feelings of being a bad or unworthy person; b) The underlying reasons for anxiety; c) Acceptance of delinquents as part of their self-image." A copy of the instrument is available in the source document.

ATTITUDE SURVEY
Chicago, IL, W. Clement and Jessie V. Stone Foundation, 1971.

Chivers, Frederick M., 111 East Wacker Drive, Suite 510, Chicago, IL 60601

The Attitude Survey is an instrument designed to measure the social attitudes of inmates in correctional institutions who take part in the Guides for Better Living course. It was designed primarily to evaluate the effectiveness of the course. The instrument consists of 47 statements to which the subject responds with one of four alternatives, "strongly agree," "agree," "disagree," "strongly disagree." The statements are divided into the following six categories: "Awareness of limited opportunity"; "Identification with other criminals"; "Associational preference"; "Attitudes toward violating the law"; "Institutionalization"; and "Miscellaneous." Sample items are: "I probably won't be able to do the kind of work I want to do because I won't have enough education"; "The world is usually good to people like me"; "Sometimes a guy like me has to break the law in order to get ahead"; "When I get out I don't want to associate with the kind of people that are always getting into trouble"; "A hungry man has the right to steal." The instrument is self-administered. A copy of the instrument and results of the study are available from the author.

BASE EXPECTANCY INVENTORY

A manual for intake base expectancy scoring. Form CDC-BE 61A, Research Division, California Department of Corrections, 1965.

Gottfredson, Don M., & Bonds, Jack A., NCCD, Research Center, Suite D, Brinley Building, Davis, CA 95616

The Base Expectancy Inventory was designed to measure the probability of favorable parole adjustment for men paroled from the California Department of Corrections. Three potential uses were seen for this tool: "To study effects of treatment"; "To assist in program planning"; and "To improve prediction." The Base Expectancy raw score is based on a cumulative score over 12 variables, (with differing point values from 12 to 4) including: "Arrest-free period of five or more years"; "No history of any opiate use"; "Few jail commitments"; and "Six months or more in any one job." The parole adjustment criterion used by the authors was whether or not the men released to parole supervision committed a major violation within two years after parole release. The inventory scores are devised from the items extracted from case files. Reliability and validity information are given in the source document, as well as the inventory items and scoring instructions.

CARD SORT

Center for Training in Differential Treatment, final report of Phase I, part two, major assessment instruments used in project. Final report, NIMH Grant, MH-10893, 1970.

Tolhurst, George E., Dixon, D. E., Howard, G. F., Litke, M., & Warren, M., Center for Training in Differential Treatment, 3614 Fifth Avenue, Sacramento, CA 95817

The Card Sort is a research instrument designed to assess the learning of characteristics of various I-level and subtypes groups (a theory of delinquency and its treatment). The instrument is intended for use with trainees who participate in an intensive five to nine-week program at the Center for Training in Differential Treatment of criminal offenders. The Card Sort if also intended as a method to increase learning with a feedback of the results which then focus on I-level, relevant clinical characteristics of clients. The Card Sort assesses three content areas including differentiations among I-levels two, three, four and five; differentiations among 13 subtypes Cfm, Cfc, and Mp; and differentiations among 14 subtypes Na, Nx, Se, and Ci. Individual items are types on small cards which the trainee is instructed to sort into appropriate piles. The card packet consists of 71, I-level items, 53, I-3 subtype items. The Card Sort is administered during the second and third weeks of Phase I. A complete description of items comprising the Card Sort is available from M. Q. Warren at the Center for Training in Differential Treatment.

COMMUNITY ADJUSTMENT SCALE

California, Department of Corrections, Research Division, 1963.

Department of Corrections, State of California, State Office Building, No. 8, 714 P Street, Sacramento, CA 95814

The Community Adjustment Scale of the Department of Corrections was developed for use with parolees as a measure of recidivism or parole success. The instrument consists of 10 areas regarded as indicators of parole success: 1) Length of employment; 2) Employment stability; 3) Living situation at present; 4) Stability of living situation; 5) Where parolee spends most of free time; 6) Number of arrests; 7) Length of time before first confinement; 8) Associates; 9) Extent of alcohol use; 10) Responsibility toward maintaining contact with parole agent. A sample item is: "Length of employment"; 1) Employed all of parole period; 2) Employed 75 percent-less than 100 percent; 3) Employed 50 percent-less than 75 percent of the time; 4) Employed 25 percent-less than 50 percent of the time; 5) Employed less than 25 percent of the time; 6) Unemployed all the parole period. Each of the alternatives listed below a parole success criterion is given a numerical value ranging from one to three. Values of three are given alternatives which are indicative of complete success, values of two are given those indicating moderate or marginal parole success, and values of one are given those indicating parole failure. The instrument is completed by a parole agent based on courts and other official records, informant reports, etc. The rater selects the one alternative which best describes the parolee's behavior in a particular parole area. The values one to three of the alternatives selected for each area are summed, with low scores representing parole failure and high scores parole success. The instrument was used in a study comparing recidivism rates among releasees of conventional honor camps, and releasees of Crofton House, a quasi-institutional family-type residence allowing convicted men to interact daily within the community. Further information and a copy of the instrument may be obtained from B. C. Kirby, Department of Sociology, California State University at San Diego, 5402 College Avenue, San Diego, CA 92115.

COMPETENCY HEARING SCHEDULE

Albany, New York State Department of Mental Hygiene, 1971.

Steadman, Henry J., Mental Health Research Unit, New York State Department of Mental Hygiene, 44 Holland Avenue, Albany, NY 12208

The Competency Hearing Schedule (CHS) is an instrument designed to measure possible nontestimony influences on courts' decisions about competency and dangerousness, such as an observer's perception of the level of threatening appearance of the patient-defendant, number of family members or friends present in court, the number and type of legal representatives present, and the sequence and content of cross examinations as it relates to the determination of competency and dangerousness. This instrument was intended to be used in court hearings to determine the ability of a defendant to proceed with his trial, that is, whether he can understand the charges against him and whether he can cooperate with his lawyer. This instrument may be used for both males and females accused of felonies or misdemeanors. The instrument is completed by two independent observers in the court hearings. The CHS was developed from unstructured observations in competency hearings in two New York City locations. There are two earlier forms which preceded the CHS. The time required to complete the CHS depends on the length of the hearing. Reliability and validity data are not currently available but are being collected. A copy of the instrument and additional information are available from the author.

CORRECTIONAL INSTITUTIONS ENVIRONMENT SCALE LITERATURE

Journal of Research in Crime and Delinquency, 1972, 4, 591-621.

Moos, Rudolf H., Social Ecology Laboratory, Department of Psychiatry, Stanford University, Stanford, CA 94305

The Correctional Institutions Environment Scale (CIES) is an instrument designed to measure nine dimensions of environmental press and the differential effects of the social climates of units in correctional institutions. Among the nine dimensions measured by the SCS are expressiveness, support, personal problems, orientation, clarity, staff control, and autonomy. A sample item of "autonomy" is: "Staff encourages residents to start their own activities." Each subscale consists of nine items with half scored true and half false in each subscale. Two of the 10-item subscales measure positive and negative halo, respectively. (The items in the initial form of the CIES were translated from the initial form of the Ward Atmosphere Scale developed by the same author). Respondents, both staff and inmates, reply "true" to an item if it is generally characteristic of the unit and "false" if it is not generally characteristic of the unit. Reliability and validity data are available in the source document. A copy of the CIES and of the scoring instructions with national norms for both juvenile and adult correctional units may be obtained from the author.

CRIME AND DELINQUENCY SURVEY

Columbia, SC, Social Problems Research Institute, 1971.

Heckel, Robert V., & Mandell, Elizabeth K., Psychology Department, University of South Carolina, 11611 Pendleton, Columbia, SC 29208

The Crime and Delinquency Survey is a structured interview outline designed to collect background information on criminal and delinquent inmates serving prison sentences. The survey taps information in such areas as biographic variables (place of birth, marital status, education of self and family members, occupation of self and family members), criminal history (reason for imprisonment, previous incarcerations), physical history, developmental history, and personality traits of respondent. The instrument consists of 91 items and a checklist of 14 personality or character descriptions. Sample items from the interview are "Father's usual occupation"; "Prisoner's favorite subjects in school"; " Reason for imprisonment"; "Do you feel that children should be given religious instruction?"; "Amount of conflict between you and your father?" Sample items from the personality description checklist are: "Tends to be crude"; "Suggestive"; "Is very tense"; "Shows friendliness"; "Shows hostility"; "Shows rationality and logic." Possible applications of the survey are to study the background and characteristics of criminal personalities or as a method for systematically collecting prisoner information for parole or prison records. Further information and a copy of the survey may be obtained from the first author.

CRITICAL INCIDENTS TEST

Center for Training in Differential Treatment, final report of Phase I, part two, major assessment instruments used in project. Final report, NIMH Grant MH-10893, 1970.

Tolhurst, George E., Dixon, D. E., Howard, G. F., Litke, M., & Warren, M., Center for Training in Differential Treatment, 3614 Fifth Avenue, Sacramento, CA 95817

The Critical Incidents Test is an instrument designed to assess trainees' understanding of the characteristics of different (delinquent) subtypes and integration of the implications of client characteristics for appropriate treatment approach. The instrument is intended for use with trainees who participate in an intensive nine-week program at the Center for Training in Differential Treatment of criminal offenders and is administered during the final week. The test consists of five pages. On each page, a description of a specific crisis which could occur during treatment is described in detail. The client in treatment is specified to be a specific subtype, according to the I-level theory of delinquency and treatment. The respondent is asked to answer one or two open-ended questions with regard to each particular description. Specifically, the trainee is required to assess the nature of the crisis, taking diagnosis into consideration, and to prescribe and defend an intervention strategy for the worker in the treatment setting described. The test is evaluated subjectively by training supervisors and instructors on the basis of criteria outlined by the I-level theory of differential treatment. A copy of the instrument is available in the source document.

THE EXIT QUESTIONNAIRE

Crofton House final report, San Diego, San Diego State College, 1970.

Kirby, Bernard C., Department of Sociology, California State University at San Diego, 5402 College Avenue, San Diego, CA 92115

The Exit Questionnaire was developed for administration to two groups of prisoners: convicted men serving their sentences in Crofton House and convicted men serving their sentences in conventional penal institutions (i.e., honor camps). Data collected from the experimental (Crofton) group and the control (penal) group were compared to test the hypothesis that constructive change in the resocialization of confined prisoners could be effected more successfully by a program such as Crofton House which provided prisoners with quasi-institutional, family-type living that afforded the opportunity for reinforcing supervised interaction with the community during confinement. Both the experimental and control prisoners were administered the Exit Questionnaire during an exit interview just prior to release. Two forms of the questionnaire were developed, one for Crofton House subjects, and one for honor camp subjects. Both forms of the Exist Questionnaire consist of 17 items. All items are identical in the two questionnaires with minor changes in wording. Sample items are: "How did the staff at Crofton House (the Honor Camp) treat you generally?"; "How do you think the staff at Crofton House (the correctional officers in camp) look at their jobs?"; "How is the morale of the residents (of the inmates) at Crofton House (in camp)?" Respondents either check one of the response alternatives provided or fill-in their response to the item. A sample fill-in item is: "What one thing (if any) would you point to as an example of how you changed while at Crofton House (in camp)?" A copy of the instrument may be obtained from the author.

THE GIANNELL INDEX OF CRIMINOSYNTHESIS

Giannell's criminosynthesis theory as an interviewing schedule for the assessment of criminality. Corrective Psychiatry and Journal of Social Therapy, 1967, 13(1), 42-50.

Giannell, A. Steven, Psychology Department, The State University College at Potsdam, Potsdam, NY 13676

The Giannell Index of Crimosynthesis is an instrument designed to assess criminal potential, mental pathology potential, and rehabilitation potential of juvenile and adult, male and female offenders. The index is based on the author's criminosynthesis theory which postulates that criminal predisposition is determined by a particular combination and intensity of six contributing factors, namely: 1) High need frustration; 2) Low internal inhibition (e.g., conscience); 3) Low external inhibition (e.g., fear of imprisonment); 4) Low contact with reality (e.g., inability to foresee consequences of actions); 5) High situational crime potential (e.g., conditions existing in environment which offer opportunity for crime); 6) High potential satisfaction (high gains and low losses as result of crime). The interview procedure involves showing the respondent a schematic representation of the six factors and their combination potential for producing criminal behavior. The respondent is then given a short, unambiguous definition of each factor and asked to recall his criminal act(s) and evaluate his criminal behavior with respect to the presence of each of the six crime contributing factors. Based on the self-evaluations and motivations reported by the subject, he is given a rating on a scale ranging from "0" to "100," with the mean of "50" portraying the normal individual on each of the six essential factors. The more the subject approximates a high need frustration, a low internal inhibitation, a low external inhibition, a low contact with reality, a high situational crime potential, and a high potential satisfaction, the more he is characterized by a high criminal potential and a low rehabilitation potential. The measure of criminal potential has been used to predict the likelihood of recurring crime commission and the rehabilitation potential measure is seen as reflecting the degree to which the respondent's criminality is amenable to counseling or other therapy. From respondent's scores on each of the 6 factors, he is given a criminal and rehabilitation potential rating in terms of a 5-point scale consisting of "very high," "high," "medium," "low," and "very low." See also Gianelli, A. S. The role of internal inhibitation in crime causation. Journal of Social Psychology, 1970, 81, 31-36. Reliability and validity information and a copy of the instrument may be obtained from the author.

INTERPERSONAL PERSONALITY INVENTORY MANUAL
California Medical Facility, Vacaville, CA, September 1966

Ballard, Kelley B., Fosen, R., Neiswonger, J., Fowler, R., Belasco, J., & Tyler, R., Department of Institutions, State of Washington, P. C. Box 768, Olympia, WA 98501

The Interpersonal Personality Inventory (IPI) is a self-administered true-false paper and pencil test. It is intended to provide an objective classification of prison inmates as relatively high or low maturity in accord with the interpersonal maturity theory developed by Sullivan, C., Grant, M. Q., & Grant J. D. (The development of interpersonal maturity: Applications to delinquency. Psychiatry, 1957, 20, 373-385). Low maturity subjects are demanding, complaining, and impulsive persons apt to explode or run away when thwarted, or they are manipulator or conformist personalities not concerned about internal problems. High maturity subjects are more aware and anxious about their own shortcomings, often feeling inadequate and guilty; their anxiety is due more to internal conflict than to external problems. The inventory comprises 93 items. A sample item is: "My parents wanted me to make good in the world." The IPI may be administered individually or in groups, and it takes approximately 30 to 45 minutes to complete. The scoring may be done by hand using a stencil, or by machine using electrographic pencils and standard answer sheets. Reliability, validity, test development, and normative information are available in the source document. Qualified users may obtain the test items and key from the author or the Institute for the Study of Crime and Delinquency, California Medical Facility, Vacaville, CA 95688.

INTERVIEW CRITIQUE RATING FORM
Center for Training in Differential Treatment, final report of Phase I, part two, major assessment instruments used in project. Final report, NIMH Grant, MH-10893, 1970.

Tolhurst, George E., Dixon, D. E., Howard, G. F., Litke, M., & Warren, M., Center for Training in Differential Treatment, 3614 Fifth Avenue, Sacramento CA 95817

The Interview Critique Rating Form is an instrument designed to rate the adequacy of an interview for obtaining social and perceptual information from the client. The instrument is intended for use with trainees conducting interviews as part of an intensive five to nine-week training program at the Center for Training in Differential Treatment of criminal offenders. The rating form is intended to provide feedback to the trainee concerning progress in developing interview skill. The instrument consists of 12 items to be rated on 4-point scales. The items assess interview atmosphere, interviewer style and appropriateness, adequacy and purity of material obtained from the client. A sample item is: "To what extent did interviewer test hypotheses, clarify responses, and/or test perceptual limits?" (Answer on 4-point scale ranging from "slightly" to "frequently.") The rating form is administered during "second rating sessions," part of the training program, and is completed by a trainee who assesses another trainee's competence as an interviewer. A copy of the rating form is available in the source document.

INTERVIEW FOR PROBATIONER EXPERIMENTAL GROUP
Salt Lake City, The University of Utah, 1971.

Beier, Ernst G., Department of Psychology, University of Utah, Salt Lake City, UT 84112

The Interview for Probationer Experimental Group is an instrument designed to collect information on a probationer in the experimental group of the Community Volunteer Midemeanant Services Program. The instrument is intended for use with those probationers who had contact with a paraprofessional volunteer and is designed primarily for evaluating the volunteer program. The interview consists of 15 items which are meant to collect various types of information on the probationer and his suggestions for improving the program. Sample items are: "Whom do you work for?"; "Are you presently employed?"; "Have you taken up any new habits, hobbies, sports or activities since going on probation?"; "Are you presently on welfare?"; "Have you moved while on probation?"; "To what extent did meeting with your volunteer help you in the following areas? (employment, family life, friendships, home life or courtship, staying out of trouble)." A rat[illegible] scale of one to seven from "very much" to "not at all" is used to answer the questions. The instrument [illegible]tered through an interview situation. A copy of the instrument and a report of the evaluation are availa[illegible] the author.

INTERVIEW RATING QUESTIONNAIRE

Center for Training in Differential Treatment, final report of Phase I, part two, major assessment instruments used in the project. Final report, NIMH Grant, MH-10893, 1970.

Tolhurst, George E., Dixon, D. E., Howard, G. F., Litke, M., & Warren, M., Center for Training in Differential Treatment, 3614 Fifth Avenue, Sacramento, CA 95817

The Interview Rating Questionnaire is an instrument designed to assess progress in a trainee's ability to make accurate diagnoses, both as interviewer and second rater, and to assess the ability to accurately diagnose the range of subtypes. The instrument is intended for use with trainees who participate in an intensive program at the Center for Training in Differential Treatment of criminal offenders. The IRQ consists of four parts. Part A covers clinical characteristics of I-levels two, three, four, and five; Part B covers clinical characteristics of I subtypes only; Part C covers clinical characteristics of I-4 and I-5 subtypes only, and Part D consists of a summary and answer/score sheet. The IRQ is used to rate interviews conducted by trainees during the ninth week of the training program. Each taped interview is rated by the interviewer and by a second rater trainee. Each item in the questionnaire consists of a statement of a clinical characteristic followed by a 4-point rating scale. The trainee is asked to assess for each item: "How characteristic is this of interviewee's way of looking at or responding to the world?" ("not characteristic" to "markedly characteristic," with a fifth choice for "no data," i.e., insufficient data to make inference on the item). Part A consists of 71 items, Part B consists of 53 items, and Part C consists of 69 items. Sample items are: "Openly accepts various feeling responses in himself"; "Admits to guilt about inadequacies"; and "Assumes that a very few rules, formulae, or techniques will handle all interpersonal interactions." A copy of the instrument and an explanation of the scoring system are available in the source document.

A NEW RECIDIVISM OUTCOME INDEX

The new recidivism outcome index. MN, Minneapolis Rehabilitation Center, 1969.

Moberg, David C., & Ericson, Richard C., Department of Sociology and Anthropology, Marquette University, Milwaukee, WI 53233

The Recidivism Outcome Index is an instrument designed to evaluate recidivism rates in criminals by measuring the success or failure of the criminals' parole period. The instrument involves giving the parolee a rating from 0 to 10, with a score of "0" representing the most extreme degree of parole failure, and a score of "10" representing complete success. The various criteria used to define each of the 11 ratings are based upon Minnesota criminal laws and parole rules. The scale-points and criteria prescribing their assignment are: 1) Reimprisoned, convicted of felony; 2) Reimprisoned, felony confessed or agent-alleged, but no conviction for offense; 3) Reimprisoned, convicted of misdemeanor; 4) Reimprisoned, misdemeanor confessed or alleged but no conviction; technical parole violation with suspected misdemeanor or felony, previous misdemeanor, previous record of absconding; 5) Reimprisoned, technical violation without evidence or suspicion of the offenses; 6) Absconding, also charged with alleged felony; 7) Absconder, also charged with or convicted for misdemeanor; 8) Absconder, with no record of convictions during present parole; 9) Offenders convicted of a law violation for which a jail sentence of 90 days or less, or a fine of $25 to $100 has been imposed; 10) Offenders temporarily arrested and then released with a fine of no more than $25; 11) No illegal activities on any available official records during 12 months parole period. Scores of "8" to "10" represent nonrecidivism, scores of "0" to "7" represent recidivism. Scores "5" to "7" however are labeled marginal failure and allow for the possibility that the absconder, upon apprehension, will not be reimprisoned, or will be found innocent of the alleged offense(s). This index provides for a relative measure of recidivism in that ratings of rehabilitation success or failure are graded and are not determined solely on the basis of reimprisonment, taking into account the cause of reimprisonment. An experimental application of this index is in Moberg, D. C., & Ericson, R. C. A new recidivism outcome index. Federal Probation, June 1972. Further information regarding this publication and a copy of the instrument may be obtained from the second author, R. C. Ericson, Correctional Service of Minnesota, 1427 Washington Avenue South, Minneapolis, MN 55404.

NOMINATIONS FOR TRAINING ROLES

Center for Training in Differential Treatment, final report of Phase I, part two, major assessment instruments used in the project. Final report, NIMH Grant MH-10893, 1970.

Tolhurst, George E., Dixon, D. E., Howard, G. F., Litke, M., & Warren, M., Center for Training in Differential Treatment, 3614 Fifth Avenue, Sacramento, CA 95817

The Nominations for Training Roles is an instrument used to obtain ratings on individuals who have participated in an intensive nine-week training program in treatment of criminal offenders, with respect to knowledge and capacity to train. The instrument is intended for use at the completion of the nine-week period and is administered to the members of each training team, as well as to state members of the Center for Training in Differential Treatment. The instrument consists of two parts. Part I asks for nominations regarding who on the team knows the content area best and who would make the best trainer, the second best, and third best. Part II asks for an indication of at least three areas which each team member could handle, accompanied in each instance by ratings of how well each area could be handled. The instrument covers 22 content areas which can be differentially assigned to team members. Ratings of competence in content areas of each team member nominated as potential trainer are made on the basis of a 3-point scale ranging from "could handle exceptionally well" to "could handle." Sample items of content areas listed for which a best trainer, etc., are elicited, include: "Matching workers and clients"; "Principles of treatment planning." A copy of the instrument is available in the source document.

POST-TRAINING EVALUATION FORMS: TRAINEE

Center for Training in Differential Treatment, final report of Phase I, part two, major assessment instruments used in project. Final report, NIMH Grant, MH-10893, 1970.

Tolhurst, George E., Dixon, D. E., Howard, G. F., Litke, M., & Warren, M., Center for Training in Differential Treatment, 3614 Fifth Avenue, Sacramento, CA 95817

The Post-Training Evaluation Forms: Trainee are instruments designed to obtain feedback from trainees who participate in an intensive five to nine-week program at the Center for Training in Differential Treatment of criminal offenders. The forms are intended specifically to obtain feedback from trainees about each content area and training method used, to assess curriculum with modification in mind and to focus trainee attention on content and method issues relevant to future training roles. The evaluation instrument consists of six forms with number of items ranging from 19 to 90, most of which are answered on a 6-point scale. The instrument lists each training area separately for comment, assesses content and method preferences, and elicits self-evaluation of skills, understanding, and integration. Space is also available for comments generally about the program or facets of it. Sample items are: "Rate how you feel about your progress this week" (6-point scale ranges from "frustrated" to "satisfied"); "Rate how understandable you found small group sessions in diagnosis and treatment of ones and twos" (6-point scale ranges from "low" to "high"). The first three forms are administered at the end of each week during Phase I of training. Form IV is administered at the end of Phase II (thirty-fifth day) and Forms V and VI are administered at the end of each week of Phase III (days 40 and 45). Summaries of the evaluation forms are returned to the trainees. A copy of each form of the Post-Training Evaluation instrument is available in the source document.

POST-TRAINING SELF-EVALUATION QUESTIONNAIRE: TRAINEE

Center for Training in Differential Treatment, final report of Phase I, part two, major assessment instruments used in the project. Final report, NIMH Grant MH-10893, 1970.

Tolhurst, George E., Dixon, D. E., Howard, G. F., Litke, M., & Warren, M., Center for Training in Differential Treatment, 3614 Fifth Avenue, Sacramento, CA 95817

The Post-Training Questionnaire: Trainee is an instrument designed to assess the impact of an intensive nine-week training program in the differential treatment of criminal offenders on the trainees' self-perceptions. The instrument is intended for use with trainees who have completed the program at the Center for the Training in Differential Treatment and is designed to be used in conjunction with a Pre-training Questionnaire in order to identify areas and attitudes amenable to change in training and to determine the kinds of items needed for construction of a Retrospective Questionnaire. The instrument is administered on the final day of training and contains a repeat of the self-evaluation items from the Pre-Training Questionnaire. The instrument consists of 49 items, most of which are answered on the basis of a 7-point scale. The scale ranges from "considerably more than most," to "considerably less than most." Sample items are: "Rate yourself in terms of being professionally open and able to examine your own diagnostic or treatment skills without undue sensitivity"; "Rate the extent to which you invest emotionally in clients." A copy of the questionnaire is available in the source document.

PRE-TRAINING QUESTIONNAIRE (THREE FORMS)

Center for Training in Differential Treatment, final report of Phase I, part two, major assessment instruments used in project. Final report, NIMH Grant MH-10893, 1970.

Tolhurst, George E., Dixon, D. E., Howard, G. F., Litke, M., & Warren, M., Center for Training in Differential Treatment, 3614 Fifth Avenue, Sacramento, CA 95817

The Pre-Training Questionnaire is an instrument, in three forms, designed to evaluate trainee characteristics and to assess treatment climate in a trainee's work unit or agency prior to participation in a comprehensive five or nine-week training program at the Center for Training in the Differential Treatment of criminal offenders. The Pre-Training Questionnaire is administered by mail prior to the initiation of training and is completed by the administrator of the trainee's parent agency (Form I), by the trainee's supervisor in that agency (Form II), and by the potential trainee himself (Form III). The instruments constitute part of a battery of evaluation instruments intended to assess generally the effectiveness of the program for the trainee who participates in terms of such indices as changes in knowledge, technical skills, attitudes toward delinquency and treatment, and job performance. The Pre-Training Questionnaire for administrators contains 172 items to be answered in open-ended form or on the basis of a 7-point scale. The questionnaire elicits information concerning personal vital statistics, agency's treatment philosophy and goals, community relations, program emphasis, obstacles to program effectiveness, factors contributing to staff turnover and morale, intraagency communication problems, decision making about clients, direct services to clients and receptivity toward using differential treatment concepts. The questionnaire for the trainee's supervisor contains 141 items of the same type as Form I and covers the same information concerning treatment climate as in the administrator's questionnaire. In addition, the supervisor assesses trainee characteristics, e.g., professional attitudes, personality, performance. The questionnaire for the trainee consists of 140, 7-point scaled and open-ended items requesting self-evaluation on such dimensions as assets and liabilities as trainee, experience, professional orientation and attitudes, attitudes and approach toward delinquent clients, technical skills and openness to learning. Sample items are: "Compared with similar agencies, rate how innovative your agency is in developing new programs" (administrator's questionnaire); "Rate your unit according to the extent of its commitment to the concept that offenders can change into law abiding citizens" (supervisor's form); and "Rate how much conviction or emotional investment you have in your professional orientation" (trainee's form). Copies of all three Pre-training Questionnaires are available in the source document.

PRISON FANTASY QUESTIONNAIRE

Developing the prison fantasy questionnaire. Journal of Clinical Psychology, 1972, 28, 551-554.

Beit-Hallahmi, Benjamin, 1007 East Huron Street, Ann Arbor, MI 48104

The Prison Fantasy Questionnaire is an instrument designed to measure self-reported conscious fantasies in male prisoners. The instrument is intended for use with male prisoners. The instrument contains 82 items which cover 14 content areas. The content areas are: "Sex"; "Satisfaction"; "Self-destruction"; "Aggression"; "Food"; "Security"; "Religion"; "Unreal"; "Bizzare"; "Nurturance"; "Sadism"; "Escape"; "Release"; "Achievement." The subject is asked to respond to an item with one of five alternatives: "Never had daydreams"; "Remember having the daydream only once or twice in your lifetime"; "Remember having the fantasy several times in the past few years but not in the past six months"; "Have had the daydream at least once in the past six months"; "Have had the daydream at least once in the past six months but not as often as once a week"; "Have had the daydream as often as once a week." Sample items are: "I imagine owning a considerable amount of clothing some of which is made to order for me in London and Paris"; "I see myself as being seduced by an older woman of great wealth and influence who can protect me and further my career"; "I imagine humiliating my sexual partner"; "I imagine myself being acquitted by the Supreme Court of the United States." The instrument was developed through the daydreaming inventories developed by Singer and Wagman. The instrument is self-administered. Normative data are available in the source document. A copy of the instrument and the source document are available from the author.

RETROSPECTIVE QUESTIONNAIRE

Center for Training in Differential Treatment, final report of Phase I, part two, major assessment instruments used in the project. Final report, NIMH Grant MH-10893, 1970.

Tolhurst, George E., Dixon, D. E., Howard, G. F., Litke, M., & Warren, M., Center for Training in Differential Treatment, 3614 Fifth Avenue, Sacramento, CA 95817.

The Retrospective Questionnaire is an instrument in three forms designed generally to assess the effectiveness on various criteria of an intensive nine-week program in the differential treatment of criminal offenders. The instrument is administered one year after the completion of training by mail to trainees (Form I), trainee's supervisor (Form II), and to administrators of the trainee's parent agency (Form III). The Retrospective Questionnaire: Trainee is intended specifically to assess change in agency and work unit treatment climate (in comparison to pre-training climate), change in agency attitudes toward I-level and differential treatment concepts, the current extent and nature of implementation of I-level programs in trainee's agency, and to reassess the trainee's perception of the impact of training on him. The questionnaire consists of repeat items from the Pre-training Questionnaire, plus new items aimed at assessing I-level program development and agency personnel attitudes toward programs, and trainee's current feelings about I-level concepts and training. The questionnaire consists of 141 items in the form of 7-point scales, multiple-choice, and ranking alternatives. A sample item is: "Rate how satisfied you are with your techniques and skills for achieving treatment goals." The Retrospective Questionnaire: Trainee's Supervisor is comparable in form to the trainee's questionnaire. Additional or revised items are also included to assess both change in trainee as perceived by supervisor and changes in the agency. A sample item is: "Rate trainee as to his belief that the treater is the best judge of a client's needs and the strategy to meet them." The Retrospective Questionnaire: Administrator also shares basically the same format and content as the previous questionnaires. Additionally, the administrator's questionnaire assesses preceived problems and payoffs for the agency as a result of trainee's participation in the training program, as well as future plans for the agency. A sample item is: "Rate your agency with respect to staff unity in treatment philosophy and goals." A copy of all three forms of the retrospective questionnaire are available in the source document.

SELF-CONCEPT SURVEY

Chicago, IL, W. Clement and Jessie V. Stone Foundation, 1971.

Chivers, Frederick M., 111 East Wacker Drive, Suite 510, Chicago, IL 60601

The Self-Concept Survey is an instrument designed to measure an individual's self-concept. The instrument is intended for use with inmates in correctional institutions who take part in the Guides for Better Living course and is designed primarily to evaluate the effectiveness of the course. The instrument contains 15 6-interval scales on which the subject is asked to rate himself. Sample items are: "Friendly-unfriendly"; "Confident-unsure"; "Childish-not childish"; "Dependable-undependable"; "Gloomy-cheerful"; "Brave-afraid"; "Gets things done-doesn't get things done." The instrument is self-administered. The author reports an increase in inmate self-concept after the Guides for Better Living course. A copy of the instrument is available from the author.

THE SUBJECT COMMUNITY FOLLOW-UP INTERVIEW

Albany, New York State Department of Mental Hygiene, 1972.

Steadman, Henry J., Mental Health Research Unit, New York State Department of Mental Hygiene, 44 Holland Avenue, Albany, NY 12208

The Subject Community Follow-Up Interview is an instrument designed to measure the community adjustment of expatients of institutions for the criminally insane. The interview format instrument also taps such areas as patient perceptions of maximum security mental institutions, perceived level of stigma regarding respondent's being an exmental patient and the degree to which expatients get in trouble when returned to the community. The instrument was developed for use with male expatients during the first month after the patient's release. The instrument consists of 51 multiple-choice and fill-in interview questions. Sample questions from the interview are: "How have things been going for you since you got out?"; "How much do you think (name of institution) helped you?"; "What kinds of brutality did you see and how bad was it?"; "Have you had any hassles with the police since you've been out?"; "What difference has it made to your family that you were in (name of institution)?" The interview was developed from 150 interviews with hospital inpatients. The interview requires 30 to 45 minutes for completion and is hand scored. The present instrument was developed to test patient's initial community contact. Further information regarding the application of this instrument, as well as a copy of the interview, may be obtained from the author.

TRAINER'S RATING OF INDIVIDUAL TRAINEES

Center for Training in Differential Treatment, final report of Phase I, part two, major assessment instruments used in the project. Final report, NIMH Grant, MH-10893, 1970.

Tolhurst, George E., Dixon, D. E., Howard, G. F., Litke, M., & Warren, M., Center for Training in Differential Treatment, 3614 Fifth Avenue, Sacramento, CA 95817

The Trainer's Rating of Individual Trainees is a research instrument designed to obtain ongoing staff assessment of trainees who participate in an intensive five to nine-week training program at the Center for Training in Differential Treatment of criminal offenders. The instrument is intended to assess each trainee in terms of learning of content and clinical skills. The instrument consists of 21 items, most of which are answered on the basis of a 6-point scale. The instrument contains ratings of the trainee ability to conduct I-level interviews and to hear clients and also assessments of the trainee's blocks to learning as well as his intellectual understanding and integration of content. Sample items are: "Sensitivity to mood of others (insensitive to acutely empathic)"; "Skill in inferring clinical characteristics from interview data and a checklist of apparent "hang-ups" or "blocks," e.g., "role definition hang-ups, cop, therapist, diagnostician, mother, counselor." The instrument is administered to at least two staff members who rate each trainee independently at the end of weeks two, three, seven, and eight of the training program. A copy of the instrument is available in the source document.

TRAINER'S RATINGS OF INDIVIDUAL TRAINEES: FINAL

Center for Training in Differential Treatment, final report of Phase I, part two, major assessment instruments used in the project. Final report, NIMH Grant MH-10893, 1970.

Tolhurst, George E., Dixon, D. E., Howard, G. F., Litke, M., & Warren, M., Center for Training in Differential Treatment, 3614 Fifth Avenue, Sacramento, CA 95817

The Trainer's Ratings of Individual Trainees: Final is an instrument designed to elicit final assessments of individual trainees (who have undergone an intensive nine-week training program in differential treatment of criminal offenders) by staff members. The instrument is intended for use with trainees who have completed the program at the Center for Training in Differential Treatment. The instrument consists of 12 items rated on a 6-point scale, two open-ended items, and one multiple-choice question. Independent ratings on each trainee are made by at least two staff members on the final day of the nine-week training period. Trainees are rated in terms of their capacity to perform, motivation, intellectual understanding, and integration of the system in which they were trained. Sample items from the questionnaire are: "Rate capacity to become an effective trainer in some aspect(s) of the system"; "How aggressive or active will he/she be in promoting and developing the idea of a regional training team?" A copy of the instrument is available in the source document.

WORK PERFORMANCE RATINGS
Tallahassee, Florida State University, 1970.

Megargee, Edwin I., Psychology Department, Florida State University, Tallahassee, FL 32306

The Work Performance Ratings form (WPR) is an instrument designed to assess the adjustment and behavior of inmates in their work, in a correctional setting. The WPR was originally developed for use with inmates in a medium security institution, comprising 18- to 25-year-old offenders. The WPR contains nine, 5-point ordinal scales pertaining to quality and quantity of work, job motivation, and interpersonal behavior. A sample scale is: "Initiative, a) unsatisfactory, always waits to be told what to do, needs help getting started; b) fair, usually relies on others to tell him what to do; c) satisfactory, can adapt to changes in routine, will start work without waiting to be told; d) good, can plan his own work well, acts on his own in most things, doesn't wait to be told what to do; e) outstanding, has good ideas on better ways of doing things." The instrument was developed by discussing the behavioral and adjustment concerns of institutional officers. When these dimensions had been determined the WPR scales were constructed. The WPR is structured in questionnaire form and is to be used by work crew supervisors, at specified intervals, e.g., weekly or monthly, etc. It is also used as a self-report device by the inmate prior to release. The instrument shows a high degree of face validity, but tests of reliability and empirical validity have not been made as yet. The instrument has been used primarily in research. A copy of the instrument is available from the author.

THE ATYPICAL RESPONSE SCALE

The atypical response scale: An objective assessment of form inappropriateness. Journal of Clinical Psychology, 1972, 28(2), 204.

Mendelsohn, Mark B., & Linden, James D., 414 - B Montrose Drive, Greensboro, NC 27407

The Atypical Response Scale (ARS) is an instrument designed to discriminate the responses of schizophrenics and normals on Holtzman ink blots (Holtzman, W. H. Holtzman ink test. New York: Psychological Corporation, 1961.). The ARS was developed in a study using 20 schizophrenics and 20 normals matched on age, sex, education and race. Responses to 35 Holtzman ink blot cards were judged by three clinical psychologists on a 9-point scale as to how typical these responses were. Responses to each card were divided into three segments (typical, moderate, atypical) and a representative response was chosen from each at random. The 29 cards which elicited representative choices from each category were subjected to test-retest reliability analysis, and 17 items were retained on the basis of stability. The ARS thus contains 17 ink blot items with three multiple-choice options, representing a typical response, one a moderate response, and one an atypical response. Sample items from the ARS are: "Two people (typical); old shaggy tree(moderate); and tie (atypical)." Test-retest reliability coefficients of one week were .91 for controls and .88 for schizophrenics. The instrument was found to discriminate between schizophrenics and controls with schizophrenics giving more atypical responses. The instrument might thus be applied in the diagnosis of schizophrenia or general psychopathology. Further information may be obtained from the author.

THE AUTOKINETIC PHENOMENON TEST

An experimental study of mental patients through the autokinetic phenomenon. American Journal of Psychiatry, 1965, 103(6), 793-805.

Voth, Harold M., The Menninger Foundation, Box 829, Topeka, KS 66601

The Autokinetic Phenomenon Test may be used as a projective measure of differences in personality structure and for diagnostic and prognostic purposes in mental cases. The phenomenon is visual in character and can be observed readily by looking at a stationary pinpoint light from a short distance for a period of time in an otherwise totally dark room. It manifests itself by multidirectional apparent movement of the small light, varying in course, extent, and speed. Maximally, the movement may appear so extensive that its recording by the subject on a large graph board may extend from border to border. Some individuals see only limited movement, while some see none. The equipment consists of a small light-tight box, approximately 7" by 9" by 7", containing a bulb of low wattage suitable for 110 volt current. There is a small pinpoint aperture, one millimeter or less, at one end of the box. For recording purpose a large graph board, 22 inches by 28 inches, is needed. Any clear sheet of paper the size of the board serves as a recording sheet. During the 10-minute test period, the patient sits at a small table provided for the graph board, about 10 or 12 feet from the light and directly facing it. He is told that the test will be 10 minutes in length, that the room will be dark but the door not locked, and that the person giving the test will stand outside to keep time. He is told to keep his pencil in readiness at the center of the board to keep his eyes constantly on the light during the test period, and to hold his head as steady as is comfortable. He is further instructed that if the light begins to move he is to move his pencil around on the board in the directions and at the same speed the light goes, and to continue as long as the light moves. Each time movement stops, a heavy dot is to be recorded. In this study, tests were given to 845 mental patients, and retests of 54 patients chosen at random produced a reliability coefficient of .92. Distinct group differences were found. The manic-depressive group had a larger percentage of no movement reactions than schizophrenics. Patients with conversion hysteria gave distinctly different reactions than those in other listed forms of neuroses. Others who exhibited lesser or no movement were involutional psychoses, psychoses due to cerebral arteriosclerosis, paretics and alcoholics. In contrast, epilectics tend to see considerable movement. A 50-50 distribution was found among paranoid schizophrenics. The box used in this study was constructed by the Biomedics Laboratory, Research Department, The Menninger Foundation, Topeka, Kansas. See also: Voth, H. M., & Mayman, M. Diagnostic and treatment implications of ego closeness-ego distance: Autokinesis as a Diagnostic instrument. Journal of the American Psychopathological Association, 1967, 8(4), 203-216. More information may be obtained from the author.

BOSTON CITY HOSPITAL BEHAVIOR CHECKLIST

Thirty two observers and one patient: A study of diagnostic reliability. Journal of Clinical Psychology, 1969, 25(1), 10-15.

Nathan, Peter E., Andberg, Marcia M., Behan, Peter O., & Patch, Vernon D., The Psychological Clinic, Rutgers University, New Brunswick, NJ 08903

The Boston City Hospital Behavior Checklist (BCH-BCL) is a questionnaire designed to aid clinicians in recording the presence of any given symptom or complex of symptoms in psychopathology. The BCH-BCL initially was designed for the purpose of objectively identifying and measuring the sources or areas of diagnostic unreliability. The 100 items comprising the BCH-BCL were developed from a systems analysis of flow charts representing the cues (symptoms) and corresponding decisions as to diagnosis employed by clinicians. The instrument is composed of six categories exploring relatively homogenous groups of symptoms. Section I, "Gross Presenting Symptoms," taps those symptoms which differentiate among the broad diagnostic categories (psychoses, psychoneuroses, personality disorders). The succeeding five sections record symptoms of abnormal psychomotor, perceptual, cognitive, and affective behavior, and disordered levels of consciousness. Sections II to VI record symptoms which enable decisions as to specific diagnostic labels (e.g., schizophrenia, paranoia, etc.). Sample items from Section I are: "Does patient 1) hallucinate?, 2) show delusions?, 3) lack reality testing?" The BCH-BCL assigns a diagnostic classification in the following manner: checking of the first five symptoms in Section I leads to a diagnosis of psychosis, checking of items six and seven (in the absence of items one to five) leads to the diagnosis of psychoneurosis, checking of none of these items or checking of conflicting patterns leads to the diagnosis of personality disorder. Reliability of the instrument was found to vary significantly as a function of the experience of the rating therapist and the particular category of maladjustment being rated. Validity was established in a study that demonstrated significant differences in frequency of occurrence of various symptoms in various types of disorders, confirming the defining criteria of the major diagnostic categories covered by the BCH-BCL. Further information and a copy of the checklist are available from the first author.

THE CANTER BACKGROUND INTERFERENCE PROCEDURE FOR THE BENDER GESTALT TEST
The Canter background interference procedure for the Bender Gestalt test: Manual for administration, scoring and interpretation. Iowa City, Iowa Psychopathic Hospital, 1970.

Canter, Arthur, Department of Psychiatry, Psychopathic Hospital, University of Iowa, Iowa City, IA 52242

The Canter Background Interference Procedure (BIP) for the Bender Gestalt Test is an instrument designed to aid in the diagnosis of organic brain disorder. Performance on the Bender Gestalt Test, whcih involves having subjects copy nine stimulus figures (arrays of dots, combinations of lines, etc.) on a sheet of blank paper, has been used as a measure of organic disfunction. However, poor performance on the Bender Gestalt Test may be related to other motor impairments (e.g., tremor rather than to the presence of organic etiology). The BIP, using a modification of the Bender Gestalt Test, provides a measure of organic disorder which is independent of general decrements in motor performance having causes other than organic brain dysfunction. The BIP is applied to the diagnosis of subjects 15 years or older. The procedure consists of three steps: 1) Administration of the nine Bender Gestalt Figures which comprise that test; 2) Participation in some intervening activity consisting of either a rest period or another unrelated task; 3) Readministration of the Bender Gestalt Test in which subjects are to redraw the nine stimulus figures of the Bender Gestalt Test on special paper which is covered with an array of wavy lines. A comparison of performance on the first test with performance on the second allows the identification of organic disorder in that patients with organic brain dysfunction will perform worse on the second task, while subjects with motor impairments should perform at a constant level on both tasks, since the impairment is not a cognitive one. The test is individually administered and requires about 15 to 20 minutes for administration. The protocols must be hand scored by trained observers, and this requires about 10 to 20 minutes per test. Scoring involves modification of the Pascal-Suttell scoring procedure (Pascal, G. R., & Suttell, B. J. The Bender Gestalt Test: Its quantification validity for adults. New York: Grune and Stratton, 1951). Both administrations of the Bender figures are scored and a difference score (BIP D-score) is formed by subtracting the total deviation score for the original form of the test from that of the DIP form. A diagnosis is made as to organic brain disorder, borderline, and no organic brain on the basis of a table comparing the total deviation score on the standard paper form with the DIP D-score. Interscorer reliabilities of .86 and .96 have been observed for the D-scores, and a coefficient of .94 was obtained when scorers' total error scores were correlated with one another. Further information and a copy of the BIP may be obtained from the author.

THE CLINICAL INTERVIEW FOR DEPRESSION
New Haven, Yale University School of Medicine, 1967.

Klerman, Gerald L., Massachusetts General Hospital, Fruit Street, Boston, MA 02114

The Clinical Interview for Depression is an instrument designed as a symptom checklist used to assess the extent to which patients exhibit symptoms associated with depression. The symptom survey is administered in a semi-structured interview format. The interview is suitable for rating either the present clinical features or for retrospective rating of the qualities of illness. The instrument was specifically developed for use in a maintenance therapy study of depressed female patients in which drug therapy was either replaced by or combined with one of two conditions, monthly assessment of treatment progress, or weekly social casework in which subjects discussed their symptoms and related matters. The interview was designed for administration to these patients in order to assess the typical qualities of the patients' illness at its well-developed stage. The interview consists of four sections. Section I, Introduction and Preliminary Data, consists of eight items tapping such information as present feelings, duration of illness, speed of onset, previous illnessess (i.e. depressions), precipitation of previous illnesses, etc. Section II, Clinical Ratings of Present Illness, contains 26 symptoms which the patient is asked to rate in terms of a 0- to 6-point scale ranging from "absent" (0) to "severe" (6). Section III, additional Historical Items, contains three items tapping such facts as history of drug abuse and menstrual history. Section IV, Observational Items, contains 10 items which the interviewer himself must rate on a similar 6-point scale in terms of the degree to which each item is overtly manifested by the patient during the interview. Sample items from each of the four areas are: 1) "I would like you to go back to the start of the present trouble and tell me when you first began to feel upset"; 2) "Diurnal Variation-symptoms worse in morning or later in day" (rated in terms of 6-point scale based upon the patient's response to the question, "At what time of the day do you feel worst?"); 3) "Rate the taking of excessive alcohol either during the past, or during the present illness" (in terms of 6-point scale); 4) "Rate degree of slowing of thought, speech, and movement, solely on the basis of observation at interview" (also in terms of a 6-point scale). The interview requires about 30 to 45 minutes for completion. A shortened version has been transformed to a machine scored format for use in assessing progress of therapy under different combinations of drug-counseling treatment. Further information and a copy of this scale may be obtained from the author.

CLINICAL INTERVIEW RATING FORM
New York, New York University, 1971.

Bellak, Leopold, Gediman, Helen K., & Hurvich, Marvin, New York University Research Project, 30 West Sixtieth Street, New York, NY 10023

The Clinical Interview Rating Form provides for the systematic recording of patient ratings by a psychiatric interviewer in 12 ego function areas, several superego variables, and drive strength. Two of four subvariables are rated on a 7-point scale for each of the following ego function areas: "Reality testing"; "Judgment"; "Sense of reality"; "Regulation and control of impulses and affects"; "Object relations"; "Thought processes"; "Adaptive regression in the service of the ego"; "Defensive functioning"; "Stimulus barrier"; "Autonomous functioning"; "Synthetic integrative functioning"; and "Mastery competence." A 75-page manual sets forth in considerable detail the patient states meriting a particular rating on a specific component variable. Detailed directions are given for recording the ratings and the evidence supporting those judgments. There is also a 20-page interview guide containing specific questions to be asked by the interviewer to gain the information needed to make the ratings. Copies of these documents and the rating form may be obtained by the writing the first author.

THE CORNELL WORD FORM
Further developments of the Cornell Word Form. *The Psychiatric Quarterly*, 1955, 29, 1-7

Weider, Arthur, Mittelman, Bela, Weschsler, David, & Wolff, Harold G., Cornell University Medical College, Post Office Box 88, 1300 York Avenue, New York, NY 10021

The Cornell Word Form (CWF) is an instrument designed to provide an easily obtainable descriptive sketch of an individual's adaptive and adjustment mechanisms. The purpose of the CWF is to provide an instrument which may be rapidly administered to large numbers of persons and which is useful in situations where subjects' motivation might make responses to direct questions unreliable. The CWF is a modification technique, in that it employs a forced choice method to elicit associative responses. The subject is presented with a list of stimulus words, following each of which are two other words (response words). The subject is asked to choose one member of the response word pair which he thinks goes better with the stimulus word. The instrument consists of 80 items. Two sorts of items are used, items in which the choice is apparent (i.e., the stimulus word has obvious associative connections to one of the response words) and items of a less obvious, vague nature. Statistically, both kinds of items yield significantly differentiating values for various personality types. About half of the 80 items refer to symptoms of maladjustment associated with bodily dysfunctions; the rest refer to behavioral, attitudinal, and emotional disturbances. Sample items from the CWF are: "Skin, itch-clean"; "Angry, afraid-argue"; "Sudden, surprise-jump." The CWF was developed from two earlier forms containing 180 and 160 items respectively. Item analyses and selection on the basis of statistically high validity values resulted in the present 80-item CWF. One week test-retest of the CWF resulted in a reliability coefficient of .81. The instrument has been found to differentiate significantly between normal and psychiatric respondents. Further information and a copy of the CWF may be obtained from the first author.

CURRENT AND PAST PSYCHOPATHOLOGY SCALES
New York State Department of Mental Hygiene, 1968.

Spitzer, Robert L., & Endicott, Jean, Biometrics Research, New York State Department of Mental Hygiene, 722 West One hundred and sixty-eighth Street, New York, NY 10032

The Current and Past Psychopathology Scales (CAPPS) is designed to be a single, integrated instrument for evaluating both current and past psychopathology and social functioning in patients and non-patients. It contains dimensions valuable in evaluating severity of illness, prognosis and diagnosis. The CAPPS is divided into two sections, the first section covering the time period from one month prior to the interview and the second covering the time period from age 12 to the previous month. The first section contains 28 scales of psychopathology of traditional interest as well as alcoholism, drug addiction, antisocial behavior, impairment of daily routine and leisure time, the social roles of housekeeper, wage earner, student, mate and parent, and overall severity of illness. The second section consists of 130 items covering scales of psychopathology, personality characteristics, and academic, occupational, and interpersonal adjustment. There are also a few items referring to previous psychiatric treatment. Many items are rated on a 6-point scale ranging from "none" to "severe." Some sample items are: "Has been bothered by feelings of tiredness or lack of energy with no apparent organic basis" (none to severe); "Believed he had done something terrible, or was either unworthy, sinful, evil, or felt he had been punished for his sins" (none to severe); "Has had an inflated and unrealistic view of his abilities, achievements, plans, power, knowledge, or contacts" (none to severe). The information necessary to complete the CAPPS may be obtained through an interview. An interviewer's guide is provided to enhance accuracy, consistency, and complete coverage. Interviewers from a number of different backgrounds have been trained to use the CAPPS with a degree of reliability and validity satisfactory for research purposes. More information on scoring reliability and validity is available in Endicott, J., & Spitzer, R. L. Current and past psychopathology scales: Rationale, reliability and validity. *Archives of General Psychiatry*, in press, 1972.

THE DEFENSE MECHANISM INDEX
Handbook and interpretation Manual. Wichita, Wichita State University, 1970.

Sweney, Arthur B., & May, Jerold M., Center of Human Appraisal, Wichita State University, Wichita, KS 67208

The Defense Mechanism Index (MI) is an instrument designed to measure the degree to which conflict exists in 12 bipolar areas of intrapsychic conflict. These are: "Aggression" versus "Fear of retaliation"; "Blame avoidance" versus "Fear of retaliation"; "Blame avoidance" versus "Blame acceptance"; "Dominance" versus "Submission"; "Dependence" versus "Independence"; "Expression" versus "Suppression of sex"; "Deferred" versus "Immediate identification"; "Faith in God"; versus "Faith in man"; "Heterosexuality" versus "Contesting of roles"; "Individuality" versus "Needs for social acceptance"; "Judgment" versus "Immediate action"; "Kindness" versus "Selfish action"; "Expression of love" versus "Fear of rejection." The DMI also measures 12 different defense mechanisms which a subject might adopt in order to resolve such intrapsychic conflict. Six adaptive defenses (compensation, rationalization, negative affect, positive affect, perceptual defense, autism), and six maladaptive defenses (projection, repression, fantasy, paleologic, dissociation, reaction formation) are sampled. Items were written to reflect both a particular intrapsychic area and a particular defense mechanism. The DMI thus not only identifies specific areas of conflict, but also provides an indication as to whether they are being handled in a healthy manner. The DMI consists of 288 items. Sample items are: "A member of one's own sex is easier to trust"; "People have finally realized the value of individualism"; "People never act out of unselfishness." Subjects rate each item in terms of "strongly agree" to "strongly disagree." The test requires about an hour for completion and is hand scored. Reliabilities for the 12 defense subscales range from .92 to .56, with the median in the mid .80 range. Reliabilities for the conflict subscales are slightly lower but still in the .70 range. With the exception of two, all DMI defense subscales significantly discriminated between college and mental hospital samples. Further information, normative data, and a copy of the DMI may be obtained from the author.

THE DEFENSE MECHANISM INVENTORY
An objective instrument for measuring defense mechanisms. Journal of Consulting and Clinical Psychology, 1969, 33(1), 51-60.

Ihilevich, David, & Gleser, Goldine C., 3604 Lansdowne, Cincinnati, OH 45236

The Defense Mechanism Inventory (DMI) is an instrument designed to measure the relative intensity of usage of five major groups of defense mechanisms: 1) Hostility-out; 2) Projection; 3) Principalization; 4) Turning against self; and 5) Reversal. Underlying the formulation of the DMI is the assumption that the major function of defenses is the resolution of conflicts. Thus, in order to examine the use of the five defense mechanisms, six conflict areas were developed for inclusion in the DMI: 1) Authority; 2) Independence; 3) Masculinity (male form only); 4) Femininity (female form only); 5) Competition; 6) Situational. Twelve brief stories were developed, two representing each of the six conflict areas. Male and female forms of the DMI were constructed containing 10 stories each (i.e., excluding either the femininity or masculinity conflict area depending upon the sex of the respondent). After reading each story the subject is asked to respond to four questions corresponding to four types of behavior possibly called for by the situation described in the story: a) Proposed actual behavior; b) Impulsive behavior (in fantasy); c) Thoughts; and d) Feelings. Five responses are provided for each question, each response representing one of the five defense mechanisms listed above. The subject marks a plus for the response most representative of his likely reaction, and a minus for that which is least representative. The responses marked with a plus sign by subjects are given the numerical value of "2," those marked with a minus sign are scored "0," and unmarked responses are given a score of "1." The instrument requires about 30 to 40 minutes for completion and hand scoring requires three to five minutes. The DMI may be for a one-week interval ranged from .85 to .93. Substantial evidence for the construct validity of the DMI are presented in the source document. Further validation is reported in Gleser, G., & Sacks, M. Ego defenses and reaction to stress. Journal of Consulting and Clinical Psychology, 1973, 40(2), 181-187. Copies of the instrument with answer sheets and keys can be purchased from Goldine C. Gleser, Department of Psychiatry, University of Cincinnati College of Medicine, General Hospital, Cincinnati, OH 45229.

THE DEPRESSION RATING SCALE
Archives of General Psychiatry, 1963, 9, 334-454.

Wechsler, Henry, Grosser, George H., & Busfield, Bernard L., The Medical Foundation Incorporated,
29 Commonwealth Avenue, Boston, MA 02116

The Depression Rating Scale (DRS) is an instrument designed to assist in the description and quantification of the symptoms associated with depression in hospitalized psychiatric patients. The instrument was devised for the purpose of investigating change in symptoms with treatment and has been employed in a study of the efficacy of various somatic treatments in a large sample of depressed patients between the ages of 16 and 70. The DRS consists of 28 items and is divided into three parts. Part I contains 14 items and taps information regarding the patient's feelings about his psychological state. Part II contains five items and taps information regarding the patient's feeling about his physical functioning. Part III consists of nine items intended to tap the psychiatrist's assessment of the patient's condition. DRS items are completed by the interviewing psychiatrist on the basis of information obtained during a mental status examination. Sample items from each of the three scale parts are:

1) Patient's comments regarding his ability to meet current situations; 2) Patient's disturbance of appetite; 3) Observed energy level. Ten of the scale items are scored on a 6-point scale, one on a 5-point scale, 15 on a 4-point scale, and two on a 3-point scale. The end point assigned a score of "1" reflects the least dysfunction, whereas the opposite end point ("6") reflects a high degree of dysfunction. Thus high total scores reflect a high degree of depressive symptomology. The instrument was developed from six areas of depressive symptomology found in the literature and in the experiences of psychiatrists: 1) Physical functioning (sleep, appetite, elimination); 2) Motor retardation and agitation as manifested in energy level, speech, and motor behavior; 3) Motivation or drive (interest in surroundings, plans for future); 4) Mood and affect; 5) Intellectual functioning; 6) Self-devaluation and guilt. A pool of 34 parameters were felt to be important in judgments of depression were selected to reflect the above six areas. These 34 items were given to 37 psychiatrists for evaluation, resulting in the present 28-item scale. Interrater reliabilities (with raters judging the same patient during different interviews) ranged from .52 to .78. When two raters judged the same interview the coefficient was .88. DRS scores were found to significantly discriminate between depressed and nondepressed psychiatric patients. Further information and a copy of the scale are available in the source document.

THE ELLIS SCALE

Ellis' irrational values: A validation study. *Rational Living*, 1972, 7(2), 25-28.

MacDonald, Alfred P., & Games, Richard G., The Frank Porter Graham Child Development Research Center, University of North Carolina, Chapel Hill, NC 27514

The Ellis Scale was developed for the purpose of testing the hypothesis that high endorsement of certain values common in our culture is indicative of neurosis or psychopathology. These 11 values proposed by Ellis (Ellis, A. *Reason and emotion in psychotherapy*. New York: Lyle Stuart, 1962.) were set into Likert scale format to comprise the items of the Ellis Scale. Sample items from the scale are: "Unhappiness is caused by outside circumstances and the individual has no control over it"; "Some people are bad, wicked, and villainous and therefore should be blamed and punished"; "One must be perfectly competent, adequate, and achieving to consider oneself worthwhile." Subjects are asked to rate each statement in terms of a scale numbered from one to nine, with end points labeled "completely disagree" and "completely agree" respectively. The scale requires 5 to 10 minutes for completion, is self-administering and easily hand scored. In order to test the hypothesis that endorsement of the 11 values collectively would be a more reliable indicator of psychopathology than endorsement of each item separately, the scale was administered to 60 undergraduate students. It was found that 9 of the 11 items were reliably related to the total scale score. A Cronbach Alpha coefficient computed for the 9-item version revealed a .73 reliability estimate. Seventeen of the subscales on the California Psychological Inventory-CPI (Gough, H. *California psychological inventory manual*. Palo Alto, California: Consulting Psychologists Press, 1957) were also administered to the sample. High scores on the CPI, an index of psychological adjustment, were significantly and negatively related to Ellis Scale scores. Further information and a copy of the instrument may be obtained from the first author.

AN EXPERIMENTAL TEST OF SOCIAL PERCEPTION

Boulder, University of Colorado, 1960.

Vandenberg, Steven G., Department of Psychology, University of Colorado, Boulder, CO 80302

An Experimental Test of Social Perception consists of series of facial photographs depicting 10 different emotional states. The respondent is given two pairs of adjectives and must select that pair which more accurately describes the emotional state represented. The test appears to measure social sensitivity or social intelligence and perhaps susceptibility to perceptual distortion. It is intended for use with mental patients, especially schizophrenics, and may prove to be of value in detecting early signs of abnormality in children. Several versions of the test have been developed, the latest two forms of which have 90 photos of men in one booklet and 90 photos of women in another, so that in each booklet each of 10 emotions is matched once with every other emotion. Results for the two forms correlate about .8. Test-retest results give lower reliabilities. The instrument was developed by collecting hundreds of photos from popular magazines and sorting them by emotions. Photos with maximum agreement by a panel of judges were selected for inclusion in the test. The test can be self-administered in about 25 minutes per form with responses marked on a separate answer sheet. To control for knowledge of the adjectives, a special vocabulary test can be administered although it was found that correcting for errors in this vocabulary test had little effect. Only preliminary norms on very small samples are available. Highly significant mean differences between schizophrenics and other mental patients have been found. Vandenberg, S. G. La mesure de la deterioration de la comprehension social dans la schizophrenie. *Revue de Psychologie Appliquee*, 1962, 12, 189-199. Copies of the test and an unpublished paper are available from the author.

HYPOCHONDRIASIS SCALE

Dimensions of hypochondriasis. *British Journal of Psychiatry*, 1967, 113(494), 89-93.

Pilowsky, I., Department of Psychiatry, University of Adelaide, Adelaide, South Australia 5001

The Hypochondriasis Scale is an instrument designed to investigate the concept of hypochondriasis. The scale was developed on a psychiatric patient population and is designed primarily for use with hospital patients. The instrument consists of 27 items to which the patient may respond with "yes" or "no." Sample items are: "Do you often worry about the possibility that you have got a serious illness?"; "Are you bothered by pains and aches?"; "Do you find that you are often aware of various things happening in your body?"; "Is it easy for you to forget about yourself and think about all sorts of other things?" Test-retest reliability has been estimated to be .81. Validity evidence for the instrument was obtained from the patient's relatives. Scores between the patient's and the relative's responses were correlated at +.65. A factor analysis of the items revealed three dimensions of hypochondriasis: "Bodily preoccupation"; "Disease phobia"; and "Conviction of the presence of disease" (nonresponse to reassurance). A copy of the instrument is available from the author.

HYSTEROID/OBSESSOID QUESTIONNAIRE

London, University of London Press Ltd., St. Paul's House, Warwick Lane, London EC4, 1970.

Caine, T. M., Claybury Hospital, Woodford Bridge, Woodford Green, Essex, England

The Hysteroid/Obsessoid Questionnaire (HOQ) consists of 48 true/false items. Some sample items are: "I am a moody sort of person, with lasting moods"; "When I am working I like a job which calls for speed rather than close attention to details"; "I cannot completely lose myself in a book or story"; "I prefer to be popular with everyone than to have a few deep lasting friendships"; "The first impressions or reactions are usually the right ones in the end." The instrument is administered under the title Self-Description Questionnaire (HOQ) and is designed to measure hysterical and obsessive personality tendencies. A recent general reference describing the instrument and reporting its use in a number of studies is: Caine, T. M. Personality and illness. In P. Mittler (Ed.), *The Psychological Assessment of Mental and Physical Handicaps*. London: Methuen, 1970, Pp. 781-817. A copy of the instrument may be obtained from University of London Press, St. Paul's House, Warwick Lane, London EC4.

THE IRRATIONAL BELIEF TEST

Ellis' irrational belief system. Wichita, Wichita State University, 1969.

Sweney, Arthur B., & Garner, R. J., Center of Human Appraisal, Wichita State University, Wichita, KS 67208

The Irrational Belief Test (IBI) is an instrument designed to measure the extent to which an individual has incorporated certain socially communicated values or beliefs which are essentially irrational and inconsistent. The IBI is based upon Ellis' proposed irrational belief system (Ellis, *Reason and emotion in psychotherapy*. New York: Lyle Stuart, 1962). Ellis has noted a number of beliefs which he has found to be highly prominent in the thought processes of emotionally disturbed and maladjusted persons. He considers these beliefs to be basically irrational in nature and content and to be supportive of neuroses and disturbance. The IBI consists of 100 items written to reflect each of the 10 irrational beliefs identified by Ellis. These beliefs are: "The belief that we must be approved of and loved by every significant other"; "The belief that one should be thoroughly competent and adequate in order to consider oneself worthwhile"; "The belief that certain people are bad and should be punished"; "The idea that it is awful and catastrophic when things are not as we would like them to be"; "The idea that unhappiness is externally caused and persons have little control over their fate"; "The idea that those things perceived as dangerous or fearsome should be dwelt upon"; "The idea that it is easier to avoid then to face certain life difficulties"; "The idea that one needs another person to rely and depend upon"; "The idea that one's past irrevocably determines one's present"; "That there is invariably a right, precise, and perfect solution to human problems." Sample IBI items reflecting these beliefs are: "There is a right way to do everything"; "Too many evil persons escape the punishment they deserve." Subjects rate the items in terms of a 5-point scale ranging from "strongly disagree" to "strongly agree." Depending upon subject's responses on each of the 10 belief subscales, an irrational belief profile is compiled. The subject is given a rating in each of the 10 irrational belief areas which reflect his total score in that area. Profiles are compiled in terms of 10, 10-point bipolar belief scales, with 1 reflecting rational expectations, and 10 representing irrational beliefs, i.e., "partial solutions should be expected" (1) versus "expect precise solutions to problems" (10). The instrument requires about 30 minutes for completion and is machine scored. Further information regarding applications of the IBI and a copy of the test may be obtained from the author.

THE LEYTON OBSESSIONAL INVENTORY

The Leyton Obsessional Inventory. *Psychological Medicine*, 1970, 1, 48-64.

Cooper, John, Department of Psychiatry, General Hospital, University of Nottingham, Nottingham, England

The Leyton Obsessional Inventory is an instrument designed to measure obsessional traits and symptoms. The instrument is intended for use with both normal and clinical subjects and is designed to measure feelings of resistance as well as obsession. The inventory contains 67 items, 46 of them designed to measure symptoms (e.g., thoughts, checking, worry about dangerous objects) and 23 measuring traits (e.g., hoarding, cleanliness, rigidity). A sample symptom item is: "Do you ever have to go back and check doors, cupboards, or windows to make sure they are really shut?" A sample trait question is: "Do you find it difficult to throw things away?" A card sorting procedure requiring supervision is used and in addition to a simple "yes" or "no" reply to each question, other scores are obtained which indicate the degree of resistance experienced by the subject and the extent of any interference with other activities. The administration requires cards and a modified file box and takes from 15 to 20 minutes for low scoring normals and 45 minutes to over an hour for obsessional patients. The instrument is scored by hand. Reliability and validity data are available in the source document. Response set controls for the instrument consist of utilizing a modified card file box so that the subjects cannot see a growing pile of "no" replies and then feel as though they should be answering more in the affirmative. Left-right position bias is also controlled. To date, the major applications of the instrument have been in the planning of objective, reliable, and quantitative methods of assessing in detail the daily interaction and activities of very young children at home. A copy of the instrument is available from the author; any user of the inventory has to make up his own set of cards and sorting box since this has not yet been commercially produced.

LOCATION-ACTIVITY INVENTORY

Brooklyn, NY, Veterans Administration Hospital, 1962.

Hunter, Marvin, Schooler, Carmi, & Spohn, Herbert E., Laboratory of Socio-environmental Studies, National Institute of Mental Health, Building 10, Room 3D41, Bethesda, MD 20014

The Location-Activity Inventory (LAI) was designed for gathering information about the overt behavior of chronic schizophrenics in a ward of a large neuropsychiatric hospital. The areas of behavior investigated are the patient's location on the ward, his characteristic orientation to the wall, his position or body disposition, his activity or response to ward stimuli. A reference describing the use of the LAI is Hunter, M., Schooler, C., & Spohn, H. E. The measurement of characteristic patterns of ward behavior in chronic schizophrenics. *Journal of Consulting Psychology*, 1962, 26(1), 69-73. To permit the designation of patient location, the ward was divided into 14 functional geographical areas. The patient's orientation to the wall was described in terms of six categories: "Against the wall"; "Facing the wall"; "Against corner"; "Facing corner"; "Looking out window"; and "One of the above." The response categories for the activity dimension consisted of: "Social activities"; "Parasocial activities"; (reading, writing, TV viewing, etc.); "Functional"; "Nonsocial activities"; "Nonfunctional activities" (self-manipulation, active movement, nonfunctional object manipulation, etc.); "No behavior" ("null" behavior and sleep). These categories were formulated in order to obtain indices of interobserver agreement. The LAI is filled out several times for each patient. A trained observer requires about 15 minutes to record the behavior of 50 patients on a ward, observing each patient for a maximum of 10 seconds. Interobserver and split-half reliability, as well as other information, are given in the above article.

THE M-D SCALE

Construction and evaluation of a test for measuring mania and depression. *Journal of Clinical Psychology*, 1970, 26(4), 499-503.

Plutchik, Robert, Platman, S. R., Tilles, R., & Fieve, R. R., Bronx State Hospital, 1500 Waters Place, Bronx, NY 10461

The M-D Scale, consisting of 62 items, was designed to discriminate the normal from the manic state as well as from the depressed state. In developing the scale a list of almost 200 brief descriptive phrases were written which were believed to be characteristic of things that manic or depressed patients say or do. Judges were asked to indicate whether each item was typical of the verbal statements of a manic patient, a depressed patient, both, or neither. The 50 items showing complete agreement plus five items reflecting hostility were selected for the first version of the questionnaire. The M-D Scale was administered each week to patients on a research ward. Scores were obtained from nine patients judged as manic and 15 judged as depressed for various lengths of time. An item analysis found 16 items which discriminated the manic from the normal state and 46 items which discriminated the depressed from the normal state. Examples of "manic" items are: "I can't sit still"; "I feel angry"; and "I don't need as much sleep as other people." Examples of "depression" items are: "I feel empty"; "My memory is poor"; and "I have no interest in food." Items are arranged in a true-false format. The split-half reliability for the manic scale was .83 while the split-half for the depression scale was .95. A copy of the instrument is available in the source document.

MANUAL OF THE HOSTILITY AND DIRECTION OF HOSTILITY QUESTIONNAIRE

University of London Press, St. Pauls House, Warwick Lane, London EC 4, 1967.

Caine, T. M., & Foulds, G. A., Claybury Hospital, Woodford Bridge, Woodford Green, Essex, England

The Hostility and Direction of Hostility Questionnaire (HDHQ) is an instrument designed to measure a wide range of possible manifestations of aggression, hostility, or punitiveness. Its origins lie in the development of Fould's theory of personality and personal illness (Fould, G. A. Personality and Personal Illness. London: Tavistock Press, 1965) where punitiveness is seen as one possible means of assessing the extent of personal illness. The HDHQ is a paper and pencil, true or false questionnaire, consisting of 51 items taken from the MMPI. These 51 items are arranged into five hostility subscales: "Acting-out hostility" (AH), "Criticism of others" (CO), and "Delusional hostility" (DH) measure extrapunitiveness; "Self criticism" (SC), and "Delusional guilt" (DG) measure intropunitiveness. A sample item is: "It is safer to trust nobody." Relevant references include Philip, A. E. The constancy of structure of a hostility questionnaire. British Journal of Social and Clinical Psychology, 1968, Philip, A. E. The development and use of the hostility and direction of hostility questionnaire. Journal of Psychosomatic Research, 1969, 13, 283-287, and Philip, A. E. Assessing punitiveness with the hostility and direction of hostility questionnaire (HDHQ). British Journal of Psychiatry, 1973 (in press). Reprints of these articles are available from Alistair E. Philip, Department of Psychology, Bangour Village Hospital, Broxburn, West Lothian, Scotland. U. K. A copy of the instrument itself may be obtained either from the publishers or from the National Foundation for Educational Research in England and Wales, 2 Jennings Buildings, Thames Avenue, Windsor, Berkshire, England.

MEASUREMENT OF NEUROTIC INSTABILITY QUESTIONNAIRE

Self-report and error choice: Inter-individual in the operation of the error-choice principle and their validity in personality questionnaire tests. British Journal of Psychology, 1970, 61(2), 219-228.

Wilde, G. J. S., & DeWit, O. E., Department of Psychology, Queen's University, Kingston, Ontario, Canada

The measurement of Neurotic Instability Questionnaire (MNIQ), a title supplied by the abstractor, is a 91-item, self-report, paper and pencil instrument designed to measure six dimensions. These dimensions are identified as: a) Neuroticism, psychological discomfort (N scale, 30 items); b) Neuroticism: functional somatic complaints (NS scale, 15 items); c) Extraversion (E scale, 21 items); d) Lie scale (L scale, 22 items); e) Masculinity-femininity (MF scale, 37 items); f) Social desirability (SD scale, 46 items). Each item is answered "yes" or "no." There is no item overlap in the N, NS, E, and L scales, but the MF and SD scales do share items with other scales. Sample items include: "Do you sometimes gossip?"; "Do you often suffer from headaches?"; "Does your mood often go up and down?"; "Are you often bothered by the thumping in your heart?" The instrument has been standardized on a sample of 1,886 subjects who are considered to be representative for the Dutch male and female population between the ages of 13 and 78 years. Additional information and a copy of the instrument are available from the first author.

A MEASURE OF THE OBSESSIONAL PERSONALITY OR ANAL CHARACTER

Windsor, Buckinghamshire, England, N.F.E.R., 1972.

Kline, Paul, Department of Psychology, University of Exeter, England

The Measure of the Obsessional Personality or Anal Character (Ai3) is an instrument designed to measure the obsessional personality, or anal character. The instrument is intended for use in research and clinical practice. The Ai3 comprises 30 dichotomous (yes-no) items. A sample item is: "Do you keep careful accounts of the money you spend?" It can be administered in 10 minutes to either groups or individuals. Marking is objective, the subject's score being his total of keyed responses. The test was developed through a series of studies with varying populations, using primarily factor analytic techniques. Reliability and validity data are available in the test manual. Response set controls are included for acquiescence and social desirability. To date, the major applications of the instrument have been with college populations in England and Ghana. A copy of the questionnaire and manual can be obtained from the publisher.

MOOD PROFILE INDEX

Repeated measurements in the manic-depressive illness: Some methodological problems. *Journal of Psychology*, 1968, 70, 131-137.

Plutchik, Robert, Platman, Stanley R., & Fieve, Ronald R., Bronx State Hospital, 1500 Waters Place, Bronx, NY 10461

The Mood Profile Index is one of a series of affective scales developed by Plutchik on the basis of his theory of emotions (Plutchik, R. *The emotions: Facts, theories, and a new model*. New York: Random, 1962). The theory assumes that all emotions can be conceptualized as mixtures of two or more of eight primary emotions. The Mood Profile Index was designed to assess the relative strength of these eight primary emotions at any given time. The instrument consists of 36 pairs of emotion words selected by judges as representing the eight emotions at various levels of intensity. All of the pairs have been approximately matched on social desirability. Examples of matched pairs are: "Alert-affectionate"; "Bored-timid"; "Fearful-angry"; and "Greedy-amazed." Subjects are instructed to select the word in each pair that most describes their feelings. Each word is scored for a particular emotion category. The number of factual choices is converted to a percent of maximum and can be plotted on a circular profile form. The eight primary emotions are described by the general terms: "Incorporation"; "Rejection"; "Orientation"; "Exploration"; "Protection"; "Reproduction"; "Destruction"; and "Deprivation." In research applications of this instrument, with manic-depressive patients, three types of analyses were proposed, a comparison of mean scores in the emotion categories in different states, an analysis based upon difference scores, and a consideration of the degree of overlap of repeated measures obtained in different affective states. All three methods showed large changes in the magnitude of the deprivation dimension in the manic and depressed states. A copy of the instrument is available in the source document.

THE MULTIPLE-CHOICE STORY COMPLETION TEST

Moral standards and defenses against aggression. Ann Arbor, University of Michigan, 1958.

Greening, Thomas C., Psychological Service Associates, 1314 Westwood Boulevard, Los Angeles, CA 90024

The Multiple-Choice Story Completion Test (MCSCT) is an instrument designed to measure defense mechanism preference. The MCSCT is designed primarily for measuring the types of defenses used against aggression. The instrument consists of four stories concerning frustrating, aggression-inducing life situations. Each story is followed by seven alternative completions, reflecting denial, projection, displacement of object, turning against the self, reversal, and "third family." A sample story concerns the character John, who has been asking his parents for a dog and saving money to buy one for a long time. The parents finally agree to take John to a kennel. When John finds "the dog of his dreams," his parents deny him the dog because they feel John should have a smaller dog. Meanwhile another boy buys the dog John wants. A sample completion to the story representing denial is: "John figures that he will soon find a collie even more beautiful than the one he didn't get." The development of the instrument and the description of the administration of the instrument appears in the author's dissertation, Moral standards and defenses against aggression, University of Michigan, 1958. A copy of the instrument is available from the author.

OBJECT CLASSIFICATION TEST

Cognitive defects in schizophrenia: Over-inclusive thinking. In: J. Helmuth. *Cognitive studies*, Volume II: *Deficits in cognition*. New York: Brunner/Mazel, 1971.

Payne, Robert W., Department of Behavioral Science, c/o Eastern Pennsylvania Psychiatric Institute, Health Sciences Center, Temple University, Henry Avenue, Philadelphia, PA 19129

The Object Classification Test is an instrument designed to measure "overinclusive" thinking. The instrument is intended for use with schizophrenic subjects and is designed primarily to determine the differential responses of schizophrenic and normal subjects on cognitive tasks. The Object Classification Test consists of 12 small squares, circles, and triangles, which differ in size, thickness, weight, and materials, and which are painted in colors of different hues and saturations. Subjects are asked to sort the objects in any way they choose. The 10 correct ways to sort the objects are called "A" responses. The rationale is that normal subjects will ignore or disregard happenstance aspects of the objects (such as unintentional scratches) and sort on the more obvious characteristics. Schizophrenics on the other hand will tend to pay attention to more irrelevant details (overinclusive) and therefore tend to sort the objects in more "idiosyncratic" ways, called "Non-A" responses. The instrument was developed through investigations of schizophrenic thought disorders. The Object Classification Test is one test in a battery of three tests that provided the best operational definition of overinclusion. The Goldstein-Sheerer Object Sorting Test and the Benjamin Proverbs Test were found to correlate with the Object Classification Test in some studies. All three tests had high test-retest correlations as well. Detailed descriptions of the test material, instructions, and information on the standardization sample are available in the *British Journal of Social and Clinical Psychology*, 1962, 1, 213-221. Further information concerning the test and a bibliography of published papers on the test are available from the author.

THE PHYSICIAN QUESTIONNAIRE

The Physician Questionnaire: A useful tool in psychiatric drug research. Psychopharmacologia, 1970, 17, 338-344.

Rickels, Karl, & Howard, Kay, Department of Psychiatry, Psychopharmacology, Research Unit, University of Pennsylvania, Philadelphia, PA 19104

The Physician Questionnaire (PQ) is an instrument designed to measure neurotic symptomology and its response to treatment. The PQ consists of 10 items representing symptoms commonly observed in neurotic outpatients and easily understood by and familiar to physicians in their medical contact with such patients. The instrument's simplicity renders the PQ easy to administer and interpret, so that physicians could easily use the tool to identify neurotic symptomology and trace patient progress with treatment. The 10 items which comprise the scale are: 1) Anxiety; 2) Depressive mood; 3) Irritability; 4) Hostility; 5) Phobia-obsession-compulsion; 6) Hypochondriasis; 7) Somatization; 8) Insomnia; 9) Appetite disturbance; 10) Headaches. Each item is rated by the physician on a 7-point scale ranging from "1" (not present) to "7" (extremely severe). In evaluating drug placebo differences and for use in symptom identification, the 10 PQ items have been grouped into two clinical cluster scores, the PQ Emotional Cluster (PQE), consisting of the average of the first five item ratings, and the PQ Somatic Cluster (PQS) consisting of the average of the second five item ratings. The average of all 10 items (PQT) may also be used in employing this tool. The instrument requires about five minutes for completion and is easily hand scored. The ability of the PQ to detect drug-placebo differences has been demonstrated. As an estimate of reliability 46 clinic patients were rated on the PQ by both the treating physician and an observing physician. All but one of the inter-rater item correlations were highly significant. Further information and a copy of the PQ may be obtained from the author.

PHYSICIAN'S RATING LIST

A new rating scale for evaluating clinical response in psychoneurotic outpatients. Journal of Clinical Pharmacology, 1969, 9(3), 187-194.

Free, Spencer M., Jr., & Guthrie, Marshall B., Research and Development Division, Smith Kline and French Laboratories, 1500 Spring Garden Street, Philadelphia, PA 19101

The Physician's Rating List (PRL) is an 18-symptom checklist designed for use with psychoneurotic outpatients participating in mental health studies. These symptoms were derived from factors in standard psychiatric rating scales and from symptoms reported in research with psychoactive drugs. The first four symptoms, "agitation," "hyperactivity," "motor disturbance," and "tension," are considered to be direct manifestations of anxiety while the remaining symptoms are considered as associated symptoms. Examples of associated symptoms are "guilty feelings" and "intellectual disturbance." Investigators rate the severity of each symptom by scoring it from "0" (absent) to "3" (severe). The PRL was designed to be used by psychiatrists as well as internists and general practitioners who have an interest in mental health research. Factor analysis of the PRL identified the following factors: "anxiety manifestations," "psychosomatic complaints," and "depression." Reliability and validity data and a copy of the instrument are available from the author. See Free, S. M. Factor analysis of outpatient clinical data. Journal of Clinical Pharmacology, 1969, 9, 195-199.

PROCESS-REACTIVE CONTINUUM MEASURE

The development of a self-report measure of the process-reactive continuum. Journal of Nervous and Mental Disease, 1964, 138(1), 38-41.

Ullman, Leonard P., & Giovannoni, Jeanne M., Psychological Clinic, University of Illinois, Children's Research Center Building, Champaign, IL 61820

The Process-Reactive Continuum Measure is an instrument designed to assist in the classification of male schizophrenic patients in terms of the process (long-term, progressive deterioration of adjustment patterns, with little chance of recovery) continuum. The instrument is a self-report measure developed from a 77-item true-false inventory designed to predict posthospital employment. Three clinicians judged the 77 items for relevance to the process-reactive variable, 28 of which were agreed upon by at least two of the judges. Twenty-four of these were retained to comprise the present scale. Sample items are: "I hardly ever went over to another kid's house after school or on weekends"; "I have been deeply in love with someone and have told them about it"; "I have had to stay in a mental hospital for more than one year"; "Shortly before I came into the hospital there was some major change in my life, such as marriage, birth of a baby, death, injury, loss of job, etc." Subjects rate each statement in terms of a true-false response option. The 24-item test was administered to 638 subjects. An indication of the instruments' reliability was provided by the fact that part-whole chi-squares for 23 of the 24 items were significant at the .01 level. The odd-even correlation for the 24-item scale was computed using a separate sample of 122 cases. A correlation coefficient of .79 was obtained. An experimental application of the scale may be found in Moore, N. I. Cognitive styles and the schizophrenias and character disorders. Perceptual and Motor Skills, 1971, 33, 475-482. Further information and a copy of the instrument may be obtained from the author.

SCHOENFELD DAYDREAM INVENTORY

Construction of a personality inventory through Thurstone scaling of daydreams. Perceptual and Motor Skills, 1970, 31, 678.

Schoenfeld, Lawrence, University of Texas Medical School at San Antonio, Department of Psychiatry, 7703 Floyd Curl Drive, San Antonio, TX 78229

The Schoenfeld Daydream Inventory is an empirically developed set of personality scales designed to apply to daydream content. The instrument is intended for use as a diagnostically useful tool in the differentiation and psychodynamic description of various degrees of behavior pathology. The inventory consists of nine pages, each of which contains lists of daydream. Subjects are instructed to read each daydream and to check those that are most like the daydreams they have had recently. A maximum of five daydreams and a minimum of one daydream must be checked on each page. A sample item is: "I daydream that I take revenge on someone who has hurt me." The daydreams checked on the inventory then are subjected to a Thurstone type scaling of equal appearing intervals. The development research in the construction of the personality inventory involved scaling of 279 daydreams by expert judges on nine personality dimensions (pessimism-optimism, moving toward people-moving away from people, morbid content-nonmorbid content, self-orientation-other-orientation, unpleasant-pleasant, unrealistic-realistic, positive social orientation-negative social orientation, past-future, physical interest-psychosocial interest). This scaling resulted in the formulation of a daydream inventory which has nine scales. Reliability and validity data are reported in the source document. No response set controls are incorporated in the inventory. To date, the inventory has been used in preliminary validation studies and awaits subsequent validation with more adequate samples. More information and a copy of the instrument are available from the author.

THE SYMBOL GESTALT TEST

The effect of brain damage upon speed, accuracy, and improvement in visual motor functioning. Journal of Consulting Psychology, 1961, 33(2), 171-177.

Stein, Kenneth B., 3210 Tolman Hall, University of California, Berkeley, CA 94709

The Symbol Gestalt Test (S-G) is an instrument designed to measure certain perceptual and motor capacities. The test consists of a series of geometrical designs and figures. Each of the figures is different in shape and form but shares a quality of incompleteness such as untouching lines in a square or circular figure. Thus, the symbols that comprise the test are constructed to have what the author refers to as poor Gestalt form, i.e., the figures lack closure or balance. The test consists of a row of nine such incompleted exemplar or key symbols. Each of the symbols comprising the key at the top of the test is designated by a number from one to nine. The body of the S-G consists of 12 rows of 10 blank boxes. Each blank box is also designated by a number from one to nine as are the exemplar symbols in the test key. The subject must match the number given in each blank box with the number designating each of the exemplar symbols and then reconstruct in the numbered box the particular symbol that is designated by the same number as is the blank box. The subject has three minutes in which to duplicate the exemplar symbols in the 120 blank boxes provided. Thus the S-G measures not only the accuracy of the reconstructed symbol, but also the speed with which the subject works. The rationale behind the task is that in duplicating the incomplete symbols, individual differences in perception, cognitive ordering, and processing of stimuli will be noticeable. For example, the authors report that subjects with cortical brain damage tend to be concrete in their approach to environmental stimuli, and thus they tend to reconstruct symbols as complete and balanced. Test-retest coefficients of .88 have been obtained for the S-G. Differences in S-G scores between subjects with cortical dysfunction and subjects without cortical dysfunction reached statistical significance beyond the .001 level. Further information and a copy of the S-G may be obtained from the author.

SYMPTOM DISTRESS CHECKLIST

Dimensions of outpatient neurotic pathology: Comparison of a clinical versus an empirical assessment. Journal of Consulting Psychology, 1970, 34(2), 164-171.

Derogatis, Leonard R., Lipman, R. S., Covi, L., Rickels, K., & Uhlenhuth, E. H., Henry Phipps Psychiatric Clinic, Johns Hopkins Hospital, Baltimore, MD 21205

The Symptom Distress Checklist (SCL) is a 72-item instrument designed to measure basic neurotic symptomology. It is intended for use with neurotic individuals and has been used clinically, used in the testing for discrimination of pharmacological and nonpharmacological influences within the context of double blind designs, and in determining the relationship between social class or race and neurotic symptomology. The present SCL represents a modification and revision of an original 58-item version developed by previous investigators. (See Parloff, M. B., Kelman, H. C., & Frank, J. D. Comfort, effectiveness and self-awareness as criteria of improvement in psychotherapy. American Journal of Psychiatry, 1954, 3, 343-351.) The items of the present scale focus on conventional neurotic symptoms and are rated on a 4-point scale of distress from "not at all" to "extremely." A sample symptom item is "soreness of your muscles." Ratings of both patients and doctors (in reference to patients) may be obtained on the instrument. Four major dimensions have been determined from factor analysis of the SCL: "Anxiety"; "Depression"; "Anger-hostility"; and "Obsessive-compulsive-phobic." Reliability and validity data are cited in the source document. Additional information, normative data, and a copy of the instrument may be obtained from the first author. See also Lipman, R. S., Rickles, K., Covi, L., Derogatis, R., & Uhlenhuth, E. H. Factors of symptom distress. Archives of General Psychiatry, 1969, 21, 328-338.

SYMPTOMS RATING SCHEDULE

London, Maudsley Hospital, 1966.

Marks, Isaac M., Institute of Psychiatry, The Maudsley Hospital, Denmark Hill, London, S.E. 5, England

The Symptom Rating Schedule was designed to provide quantitative answers to the usual questions asked in a clinical interview about phobias, general anxiety, acute anxiety attacks, and depression. Patients are asked to rate their specific phobic symptoms and degree of anxiety and depression on 5-point scales ranging from "maximal disability" to "no disability." The eight items dealing with anxiety and depression are defined for the subject. A sample item is: "Do you suffer from sweating, trembling, palpitation, or breathlessness? If so, how severe and persistent are these symptoms?" A modified version of this scale asks subjects to rate the severity of their phobic symptoms, feelings of depression and anxiety, obsessions and depersonalization on 8-point scales. In research applications of this scale, interjudge reliability ranged from .59 to .82 between therapist and assessor, from .45 to .74 between therapist and patient, and from .47 to .81 between assessor and patient. A controlled trial of behavior therapy was carried out with 20 patients with severe agoraphobia. Treatment and control groups were assessed every two weeks during treatment. Ratings on the Symptom Rating Schedule showed the course of symptom improvement to be similar in the two groups (Gelder, M. G., & Marks, I. M. Severe agoraphobia: A controlled prospective trial of behavior therapy. *British Journal of Psychiatry*, 1966, 112, 309-319. Three of the scales are reproduced in Lade, M. H., & Marks, I. M. *Clinical anxiety*. New York: Grune and Stratton, 1972, 96-97.

TEST OF INSIGHT INTO PEOPLE

Self-report and error choice: Inter-individual differences in the operation of the error-choice principle and their validity in personality questionnaire tests. *British Journal of Psychology*, 1970, 61(2), 219-228.

Wilde, G. J. S., & DeWit, O. E., Department of Psychology, Queen's University Kingston, Ontario, Canada

The Test of Insight into People (TIP) is an instrument adapted from a standardized personality questionnaire developed by the author called the Measurement of Neurotic Instability Questionnaire (MNIQ). The differences between the two instruments are in the number of items (MNIQ = 91, TIP = 57) and the type of answering scheme. MNIQ employs the yes-no answering scheme while the TIP uses the error-choice principle. In the TIP, the subject is asked to choose between two percentages, the one he believes to represent the percentage of students in a previous study who answered the item "yes." The two percentage values for each item were determined from adjusting the correct percentage value obtained from a previous group's response on the OMNI. For the TIP, the subject or respondent is told that the test is designed to see how much insight the subject has in other people. Similar to the MNIQ, the TIP contains six scales: a) Neuroticism, psychological discomforts; b) Neuroticism, functional somatic complaints; c) Extraversion; d) Lie; e) Masculinity-feminity; f) Social desirability. Sample items include: "Do you have nightmares?" (10 percent, two percent); "Do you like playing pranks on others?" (57 percent, 41 percent); "Do you occasionally have thoughts and ideas that you would not like other people to know about?" (85 percent, 75 percent). The TIP is positively correlated with the MNIQ. Additional information [illegible] copy of both instruments are available from the author.

THE WACKS PSYCHIATRIC RATING

A systems approach to the determination of patient care factors and associated cost elements. MA, RCA Systems Development, 1968.

Wacks, J., & Hutcheson, B. R., Laboratory of Community Psychiatry, Harvard Medical School, 25 Shattuck, Boston, MA 02115

The Wacks Psychiatric Rating (WPR) is a rating scale of psychiatric symptoms to be used in the diagnosis and treatment of mental illness. The instrument may be employed as a diagnostic tool in symptom specific treatment programs which do not rely on the use of broad, descriptive diagnostic classifications. The WPR consists of 10 items or symptoms: 1) Somatic concern; 2) Anxiety; 3) Emotional withdrawal; 4) Conceptual disorganization; 5) Guilt feelings; 6) Hallucinatory behavior; 7) Depressive mood; 8) Hostility or suspicion, 9) Hallucinatory behavior; 10) Untidy appearance. Sample items are: 1) "Conceptual disorganization, degree to which thought processes are confused, disconnected, or disorganized. Rate only degree to which the patient gives the impression of failing to be in emotional contact with other people in interview situation"; 2) "Somatic concern, degree of concern over present bodily health. Rate the degree to which the physical health is perceived as a problem by the patient, whether complaints have realistic basis or not." Each symptom is rated in terms of seven response options, ranging from "not present" to "extremely severe." Ratings are based on information obtained during a psychiatric interview. The WPR was adapted from Overall's Brief Psychiatric Rating Scale (BPRS), (Studies of quantitative approaches to psychiatric classification. In M. Katz, J. Cole, & W. Barton (Eds.), *The role and methodology in psychiatry and psychopathology*. Government Printing Office, 277-299, 1965.) The WPR eliminates the seven BPRS symptom factors having a .5 correlation or greater with other symptom factors. Further information and a copy of the scale may be obtained from the author.

THE WHITAKER INDEX OF SCHIZOPHRENIC THINKING, FORMS A AND B
Problems in the measurement of schizophrenic thinking. Hays, KS, High Plains Mental Health Clinic, 1965.

Whitaker, Leighton, Department of Psychiatry, University of Colorado Medical Center, 4200 East Ninth Avenue, Denver, CO 80220

The Whitaker Index of Schizophrenic Thinking. Forms A and B, (WIST) is a 25-item verbal multiple-choice test consisting of three subtests, each requiring a different type of logical reasoning operation. The five alternative answers to each item represent varying degrees of logical appropriateness or of logical thinking. The content of the items and the simplicity of the logical operations required makes the test easy for relatively well integrated individuals having verbal IQ's of 80 or more; however, the test is generally very difficult for schizophrenic individuals, even if their overall verbal intelligence is in the superior range. The WIST incorporates considerable anxiety provoking verbal content as a way of helping to elicit schizophrenic thinking and, superficially, appears to be more a test of intelligence than imagination. The WIST is self-administered (except for an optional follow-up inquiry), and the average subject requires 10 to 25 minutes to complete it. From the point of view of face validity, wrong answers to the WIST appear to be clear instances of schizophrenic thought disorder. In addition to interpretation based on quantitative scores for each subtest and for the test as a whole, the WIST lends itself qualitatively to dynamic content interpretation. Two concurrent validity studies of the WIST have been completed. The first study involved a sample of 50 psychiatric inpatients in city and county hospitals, most of whom represented difficult diagnostic problems. Correlations between total SIST scores and Rorschach and Holtzman scores were significant at the .05 level. The second major concurrent validity study (using a version of the WIST revised in accord with the findings of the first study) involved a sample of 45 borderline psychotic psychiatric patients at a private facility. Using a Rorschach as a criterion by itself, the predictive accuracy of the WIST was 84.4 percent for the sample of 45 patients. In general, the results of this study were encouraging in regard to using the WIST as a screening device. See also: Whitaker, L. C. The Rorschach and Holtzman as measures of pathognomic verbalization. *Journal of Consulting Psychology*, 1970, 21, 113-154. Normative data on 225 subjects is also available. A copy of the test and test manual is available from Western Psychological Services, 12031 Wilshire Boulevard, Los Angeles, CA 90025.

WILLOUGHBY PERSONALITY SCHEDULE
Tulsa, OK, Tulsa Psychiatric Center, 1970.

Burkhalter, W. D. Tulsa Psychiatric Center, Tulsa, OK 74120

The Willoughby Personality Schedule (WPS) is an instrument designed to measure neuroticism. The instrument is intended for use with persons applying for psychiatric treatment and is designed primarily for determining persistent maladaptive anxiety reactions. The WPF consists of 25 questions concerning various social situations where anxiety reactions may be manifested. A sample item item is: "Do you say things on the spur of the moment and then regret them?" The instrument is self-administered. Each question is answered on a 5-point scale from "0" for "no," "never," "not at all," etc., to "4" for "practically always," "a good deal," "rather often," etc. To date, the major applications of the instrument have been in the Day Treatment Center at the Tulsa Psychiatric Center, as a measure of anxiety and progress in psychotherapy. Normative data, information on reliability and validity and a copy of the instrument are available from the author.

ADJECTIVE CHECKLIST

Adjective checklist, adolescent personality description project. Proceedings of the Seventy-seventh Annual Convention of the American Psychological Association, 1969, 4, 573-574.

Marks, Phillip A., Division of Clinical Psychology, Upham, College of Medicine, Ohio State University, Columbus, OH 43210

The Adjective Check List (ACL) is an instrument designed as part of the Adolescent Personality Description Project. The purpose of the ACL and the instruments which accompany it as part of the project is to collect empirically derived personality descriptions of emotionally disturbed youths, with the intention of: a) Compiling a nationally representative sample of MMPI profiles for emotionally disturbed adolescents; b) Identifying common, statistically stable personality patterns from among these profiles; c) Deriving objective diagnostic criteria for specifying and identifying each personality pattern. The ALC consist of 256 1-word adjectival descriptions of relatively stable personality traits or dispositions. The ACL is intended for use by therapists in rating or describing emotionally disturbed youths of either sex ranging in age from 12 to 18 years. The therapist is asked to check those adjectives which are descriptive or mostly descriptive of the patient, basing these judgments on information provided by a minimum of 10 hours of diagnostic and therapeutic interviews with the patient, as well as case history reports, informant reports, and psychological test results. Sample adjectives from the checklist are: "Ambitious,"; "Aloof"; "Anxious"; "Artistic"; "Bitter"; "Changeable"; "Contented"; "Deceitful"; "Dissatisfied"; "Dreamy"; "Evasive"; "Hostile"; "Inhibited"; "Moody"; "Obnoxious"; "Pleasure-seeking"; "Quiet"; "Sulky"; "Tense"; "Unconventional"; "Whiny," etc. Further information and a copy of the ACL and the instruments which accompany it as part of the project may be obtained from the author.

ADOLESCENT ALIENATION INDEX

Hollywood, Monitor, 1972.

Heussenstamm, F. K., Teachers College, Columbia University, New York, NY 10027

The Adolescent Alienation Index (AAI) is an instrument designed to measure emergent or developing alienation in adolescents. The test consist of 41 items. Respondents select one or two self-descriptive statements, choosing on the basis of which of the items best describes them. The items sample such facets of youthful alientation as "normlessness," "meaninglessness," "powerlessness," "self-estrangement," and "social isolation." The AAI can be administered to individuals or groups and may also be self-administered. Subjects may range in age from 12 to 19 years. The instrument requires about 20 minutes to complete. Normative data based upon suburban white, urban black, and rural Mexican-American students, as well as black Job Corps applicants have been compiled. Normative information, a detailed description of test development and instruction for use of the instrument are available in the AAI manual. Reliability estimates for the AAI range from the .75 to .88. A major application of the test is for use by teachers, counselors and administrators as a predictive measure of incipient estrangement which may give clues to personality disjunctures before behavior symptons are evident and allow implementation of countermeasures to alienation. The instrument is available with separate answer sheets (Form A) or with test booklets which provide responses in them suited to subjects less sophisticated in test taking (Form B). Both forms of the instrument and the AAI manual may be purchased upon demonstration of professional qualifications by writing to Monitor, P. O. Box 2337, Hollywood, CA 90028.

THE BEHAVIORAL CHECKLIST

Programmed steps for family intervention. Oregon Research Institute, completed May, 1969.

Patterson, Gerald R., Cobb, J. A., & Ray, Roberta S., Oregon Research Institute, P. O. Box 3196, Eugene, OR 97403

The Behavioral Checklist is an instrument designed as part of a project aimed at curbing aggressive or "out of control" behaviors in 6- to 14-year-old boys. The project involves the systematic observations of the child's interaction with family members, peers, and teachers. From observational data, a program of therapeutic intervention is initiated which involves the restructuring of reinforcement contingencies to which the deviant child is exposed within the home and school setting. The program thus requires the training of parents and teachers so that they are responsible for the "shaping" of more adaptive behavior patterns. The Behavior Checklist is completed as part of the patient screening process in which the patient's symptoms are assessed and the applicability of intervention therapy to those symptoms is determined. The instrument is completed by a psychologist who observes and records the child's reacting to various aspects of the patient intake interview. The Behavior Checklist taps patients' behavior in five areas: 1) Approach to interview; 2) Appearance; 3) Verbal behavior; 4) Motor behavior; 5) Test behavior. Within each area there are two to five checklist items. Sample items are: "Mood, a) sullen, b) smiles seldom, c) laughs or smiles more frequently than situation demands, d) animated and enthusiastic"; "Verbal response, a) refuses to talk, b) responds only to direct questions, c) responses limited, d) formal, i.e., yes, sir, e) initiates discussions." The diagnostic information obtained by means of the Behavior Checklist may be used to plan treatment procedures as well as to assess changes in maladaptive behavior as a result of therapeutic intervention. A complete description of the intervention procedure may be found in: A social engineering technology for retraining the families of aggressive boys. H. Adams and L. Unikel (Eds.), Georgia symposium in experimental clinical psychology. Volume II. Springfield, IL: Charles C Thomas, 1972. Further information and a copy of the present instrument may be obtained from the author.

BEHAVIOR RATING SCALE

The effectiveness of a new drug, mesoridazine and chlorpromazine with behavior problems in children. The Journal of Nervous and Mental Disease, 1968, 147, 316-321.

Kenny, Thomas J., Davood, Badie, & Baldwin, Ruth W., Clinic for the Exceptional Child, University of Maryland Hospital, Lombard and Greene Streets, Baltimore, MD 21201

The Behavior Rating Scale is designed to measure hyperactivity, irritability, aggressiveness, emotional excitability-control, social adjustment, conformity, playfulness, attention span, and distractability. The scale has nine items, each rated on a five-point scale with five being the most negative score and zero being most positive score. The five points on the answer scale are given verbal descriptions appropriate for the variable being rated. For example, the answer categories for emotional excitability and control are: 1) Accepts change and excitement without upset; 2) Better than average control of emotions; 3) Average control: can be excited; 4) Easily excited: Below average control; 5) Emotionally volatile: very poor control. The items were chosen to fit the symptoms usually associated with behavior problems in children such as minimal cerebral dysfunction or hyperkinetic behavior syndrome. The instrument was developed out of the extensive clinical experience of the clinic with the exceptional child. It can be administered by a physician, teacher, parent, or other person who is familiar with the child's behavior, and can be completed in five minutes. It is scored by adding up the weights of the items checked in each area. Face validity and reliability are based only on clinical observation. To date, the main use of the scale has been to help quantify response to medications in order to make medical treatment more objective. A copy of the instrument is available in the source document and from the author.

THE CASE DATA SCHEDULE

The case data schedule, adolescent personality description project. Proceedings of the Seventy-seventh Annual Convention of the American Psychological Association, 1969, 4, 573-574.

Marks, Phillip A., Division of Clinical Psychology, Upham Hall, College of Medicine, Ohio State University, Columbus, OH 43210

The Case Data Schedule (CDS) is an instrument designed as part of the Adolescent Personality Description Project. The purpose of the CDS and the instruments which accompany it as part of the project is to collect empirically derived personality descriptions of emotionally disturbed youths with the intention of: a) Compiling a nationally representative sample of MMPI profiles for emotionally disturbed youth; b) Identifying common, statistically stable personality patterns from among these profiles; c) Deriving objective diagnostic criteria for specifying and identifying each personality pattern. The CDS is intended for use by therapists in describing characteristics of emotionally disturbed youths of either sex ranging in age from 12 to 18 years. The CDS consists of 174 checklist items describing the personal and situational characteristics of adolescent patients, both past and present. The therapist is asked to check those descriptions which apply to the patient being rated, basing these judgments on information provided by a minimum of 10 hours of diagnostic and therapeutic interviews with the patient, as well as case history reports, informant reports and psychological test results. The CDS is divided into five parts. Part I deals with identifying or biographical characteristics such as religion, school status, residence, etc. Part II investigates referral data such as source of referral, reason for referral, nature of symptoms upon referral, etc. Part III deals with the characteristics of the patient's family history, including behavior of parents and siblings. Part IV deals with the patient's personal history, including such things as health during childhood and adolescence, relationships with family members, extracurricular interests, scholastic attitudes, etc. Part V deals with examinational data such as general appearance, grooming, rapport with therapist, quality of ideation and memory, temperament, etc. Sample items from these five respective parts are: "Adults with whom patient was raised"; "Age at onset of primary symptoms"; "Father's interest in the activities of patient"; "Patient's performance in nonacademic activities"; "Present adjustment or therapeutic progress to date." Further information and a copy of the CDS and the instruments which accompany it as part of the project are available from the author.

CHILD BEHAVIOR QUESTIONNAIRE

Baton Rouge, LA, Louisiana State University, 1964.

Dreger, Ralph Mason, Department of Psychology, Louisiana State University, Baton Rouge, LA 70803

The Child Behavior Questionnaire, a title supplied by the abstractor, consists of 274 descriptive statements about child behavior. The questionnaire is intended to be filled out by parents, who respond True or False to each item as to whether it has been true or not of his child during the past six months. Some sample items are: "Cries out in his sleep"; "Is fat"; "Bites his tongue"; "Asks to be held or hugged or climbs into laps of adults or seeks other expressions of affection"; "Has bowel movements in his clothes while he is awake." Factor analyses of responses to these items have been carried out in an attempt to develop a better system of psychiatric classification for child behavior. For more information see Dreger, R. M. The establishment of diagnostic categories for the evaluation of specific therapies for children's emotional disorders. Alabama Journal of Medical Sciences, 1970, 7, 55-60, and Dreger, R. M., et al. Behavioral classification project. Journal of Consulting Psychology, 1964, 28, 1-13. A copy of the instrument and the factor analysis results are available from the author.

CHILD BEHAVIOR RATING SCALE A

Minneapolis, Washburn Child Guidance Center, 1961.

Hanvik, Leo J., & Nelson, Sherman E., Washburn Child Guidance Center, 2430 Nicollet Avenue, Minneapolis,
MN 55404

The Child Behavior Rating Scale A was designed to assess behavior likely to be associated with brain damage. The scale consists of 10 items selected as a result of study of the literature and clinic files to find adjectives used by intake workers in describing children's behavior disturbances. The items were also selected for use after only two hours contact with the child. The following areas were included in the rating scale: "Activity or mobility pattern which the child exhibited in the test and interview situation"; "Expressions of fear"; "Expressions of anger, reactions to approval given by the psychologist to the child"; "Coordination"; "Verbal output of the child"; "Any habit spasms"; "Manipulations or mannerisms"; "Speech quality"; "Attention span"; and "The degree to which the child talks about his problems." Each of the items is rated on a 4-point scale with verbal descriptions for each of the four points. The uninhibited, hyperactive child obtains a high score while the withdrawn, placid, and conforming child receives a low score. Use of the scale is described in Hanvik, et al. Diagnosis of cerebral dysfunction in child. *American Journal of Diseases in Children*, 1961, 101, 364-375. More information and a copy of the instrument are available from the first author.

CHILD BEHAVIOR RATING SCALE B

Minneapolis, Washburn Child Guidance Center, 1961.

Hanvik, Leo J., & Nelson, Sherman E., Washburn Child Guidance Center, 2430 Nicollet Avenue, Minneapolis,
MN 55404

The Child Behavior Rating Scale B was designed to measure behavior typically associated with brain damage. The scale consists of 30 questions which are rated on a 6-point scale as to how they apply to the child being rated. High numerical values are associated with brain damaged behavior while low values are associated with the opposite of brain damaged behavior. Some sample questions are: "How often does the child get into arguments or fights with others?"; "How often is child afraid of persons, places, or things?"; "To what extent does child show concern for the feelings and welfare of other people, children, or adults?"; "How well coordinated physically is the child?"; "How does child react to being separated from his parents?" The child is, in each rating, compared against the average child of his age. The scale is filled out by one or both parents or by a parent substitute. The total score is derived by summing the individual scores from each question. Correlations have been obtained for the total score on the scale with such variables as the WISC full scale I.Q. (not significant), grade placement (significant for boys but not for girls), and father's occupation. Sex differences affecting parental ratings were also investigated. More information and a copy of the instrument are available from the first author.

CHILD'S BEHAVIOR RATING SCALE

Austin, Texas Department of Mental Health and Mental Retardation, 1971.

Sager, Phyllis, Texas Department of Mental Health and Mental Retardation, Austin State Hospital, 4110 Guadalupe,
Austin, TX 78751

The Child's Behavior Rating Scale (CBRS) is an instrument designed to assess the presence or absence of certain expected behaviors in emotionally disturbed children. The CBRS contains eight spaces for a daily rating on each child on each rated behavior. On each behavior the child is rated from one to seven. A rating of "1" indicated that the child never exhibits the behavior. The CBRS is completed by the observer of the child who may be a therapist or a child care worker. Sample items of expected behaviors include: "Care for ward property and pay for or borrow items rather than steal those items which are not his." The scoring procedure for this rating scale is to add up the rating for the individual items to yield a total score. The lower the score, the greater the absence of expected behavior. This instrument was used in assessing the success of psychiatric treatment. A copy of the instrument is available from the author.

CLINICAL INDICATIONS OF ORGANIC BRAIN DYSFUNCTION
An organic factor in patients of a child psychiatric clinic. *Journal of the American Academy of Child Psychiatry*, 1968, 7(4), 618-638.

Graffagnino, Paul N., Boelhower, Cornelius, & Reznikoff, Marvin, Fordham University, Bronx, NY

Clinical Indications of Organic Brain Dysfunction is an instrument designed to detect the presence of organic etiology in child psychiatric patients displaying seemingly psychogenic symptoms. The instrument is comprised of 30 organic factor indicators. These items consist of descriptions of symptoms believed to be highly reliable behavioral correlates of cerebral dysfunction. Ratings as to the presence or absence of the behavioral symptoms are made by clinicians and therapists on the basis of information obtainable from case history reports, observations during the first four to six interviews with the parents and the child, and early hospital or school records. The scale was originated by three child psychiatrists, with a combined total of 34 years of experience, who individually specified those items of behavior which appeared most often in children with an organic component to their behavioral disorders. The scale samples three types of behavioral symptoms, those related to impulsivity and direct aggressions, those related to compensatory adjustments against impulsivity and aggression, and those obtained from the child's early history. Sample indicators from these three respective areas are: 1) Hyperactivity, severe temper, heedless self-injury, distractibility; 2) Extreme anxiety, enuresis past age five, abdominal distress; 3) Febrile illness with unconsciousness, delirium, or convulsions, early postnatal abnormalities, colic. Ninety-four child psychiatric patients whose abnormal behavior had been diagnosed as psychogenic in nature underwent electroencephalography. These EEG results were not made known to the authors who independently rated the 94 patients as to the presence of the organic factor indicators. Results demonstrated a statistically significant relationship between high scores on the scale (as determined by the number of indicators present) and certain EEG abnormalities. Further information and a copy of the instrument are available by writing to the Institute of Living, 400 Washington Street, Hartford, CT 06106.

DEVEREUX ADOLESCENT BEHAVIOR RATING SCALE
Adolescent symptomatology and its measurement. Devon, PA, The Devereux Foundation Institute for Research and Training, 1967.

Spivack, George, Spotts, Jules, & Haimes, Peter, 350 Lindsey Drive, Berwyn, PA 19312

The Devereux Adolescent Behavior Rating Scale is an instrument designed to collect data on an adolescent's overt behavior patterns. The instrument is intended for use with adolescents and is aimed at developing reliable means of describing the problem behavior patterns of preadults. The scale is comprised of 84 multiple-choice items with varying numbers of possible responses from item to item. The content includes items on interests, emotions, dress habits, attitudes, relations with peers and adults, unusual mannerisms, sex identification, and physical condition. Sample items are: "Compared to normal adolescents his age, how often does the youngster have social contact with peers of the opposite sex?"; "react with immediate anger or upset if he had difficulty mastering or learning something?"; "shuts out sounds by lifting his shoulders to cover his ears, or putting his fingers in his ears?"; "to what degree is the youngster unemotional-rarely shows feeling?"; "physically weak?"; "preoccupied with cosmetics?" Factor analysis resulted in the following behavior categories: "Unethical," "Defiant," "Domineering," "Heterosexual interest," "Hyperactive," "Poor emotional control," "Needs approval," "Emotional distance," "Physical inferiority," "Schizoid," "Bizarre speech and cognition," "Bizarre action." To date, the major applications have been in diagnosing and assessing remedial and rehabilitation programs. Copies of the source document and the instrument are available from Jules Spotts, PhD, 163 East Avenue, New Canaan, CT 06840.

DEVEREUX CHILD BEHAVIOR RATING SCALE
Childhood symptomatology: Further data defining the meaning of the Devereux child behavior rating scale factors. Devon, PA, The Devereux Foundation Institute for Research and Training, 1966.

Spivack, George, & Spotts, Jules, 350 Lindsey Drive, Berwyn, PA 19312

The Devereux Child Behavior Rating Scale is an instrument designed to collect data on a child's overt behavior. The instrument is intended for use with latency aged children and is designed primarily to develop a descriptive system dealing with the manifest symptoms of atypical children as they are observed interacting with their environment. The Scale consists of 97 items making up six different scales. The items cover: "Reaction to strangers, adults, pain, light and noise"; "Behavior in relation to other children"; "Personal hygiene"; "Imagination"; "Eating habits"; "Personality characteristics"; "Coordination"; and "Verbal ability." Sample items are: "Compared to normal children, how often does the child persist when he cannot have something?" (5-point scale); "How imaginative is the child's play?" (9-point scale); "Compared to normal children his age, to what degree is the child easily overexcited?" The instrument was developed through work done at the Devereux Schools with institutionalized children. Twenty behavior factors were obtained from a factor analysis, distractibility, poor self-care, pathological use of senses; emotional detachment, social isolation, poor coordination and body tonus, incontinence, messiness, inadequate need for independence, unresponsiveness to stimulation, proneness to emotional upset, need for adult contact, anxious-fearful ideation, impulse ideation, inability to delay, social aggression, and unethical behavior. Reliability and validity data are available from the source document. Copies of the source document and the instrument are available from Jules Spotts, PhD, 162 East Avenue, New Canaan, CT 06840.

DIAGNOSTIC CHECKLIST FOR BEHAVIOR-DISTURBED CHILDREN: FORM E2

The differentiation of childhood psychoses: An analysis of checklists for 2,218 psychotic children. *Journal of Autism and Childhood Schizophrenia*, 1971, 1(2), 161-174.

Rimland, Bernard, Institute for Child Behavior Research, 4758 Edgeware Road, San Diego, CA 92116

The Diagnostic Checklist for Behavior-Disturbed Children: Form E2, intended primarily for the diagnosis of early infantile autism, is an instrument designed to index early childhood behaviors and characteristics with the aim of subdividing the population of psychotic children into more meaningful subgroups. The instrument is intended for use with parents of highly disturbed children and provides detailed information on the child's development from birth up to age six. The Form E2 contains 109 items and is divided into two parts. The first part consists of 79 questions with multiple-choice responses. A sample item is: "Did the child rock in his crib as a baby? yes, quite a lot; yes, sometimes; no, or very little; don't know)." Part II consists of 30 short descriptions of children and requires the parent to rate each description on a scale of accuracy with reference to his own child ranging from "1" (very true) to "3" (false) with "2" indicating a "true" description. A sample item is: "Dislikes being touched or held." The instrument, in general, requests information on such matters as social interaction and affect, speech, motor and manipulative ability, intelligence and reaction to sensory stimuli, family characteristics, illness development and physiological and other biographical data. The questions cover speech and behavior symptoms delineated by Kanner as indices of infantile autism as well as symptom clusters described by Bender and Despert in their studies of childhood schizophrenia. Questions were also gleaned from letters and reports from parents. The form is self-administered. Reliability and validity data are available in the source document. Form E2 is available in English, French, German, Italian, Spanish, and Hebrew. To date, the major application of the instrument has been as a diagnostic and research tool. An additional reference for its validity is Boullin, D. J., Coleman, M., O'Brien, R. A., & Rimland, B. Laboratory predictions of infantile autism based on 5-Hydroxytryptamine efflux from blood platelets and their correlation with the Rimland E2 score. *Journal of Autism and Childhood Schizophrenia*, 1971, 1(1), 63-71. A copy of the instrument is available from the author.

FREE DRAWING TASK

Traits of school achievers from a deprived background, New York: Associated Educational Services, 1967.

Davidson, Helen H., & Greenberg, J. W., 90 La Salle Street, New York, NY 10027

The Free Drawing Task is a test designed to provide a source of clinical insight into a child's view of himself and of his family relationships. The test was originally used with fifth grade children from lower class Negro populations attending urban ghetto schools in a project designed to differentiate high from low achievers on some cognitive, affective, motivational, or background dimensions hypothesized to be related to school achievement. Two free drawings, one of a person and the other of the child's family, are obtained from the subject in an individual testing session. The child is given an 8 1/2" by 11" piece of white bond paper and told first to draw a person. After completing this drawing, the subject is asked the name, the age, and the activity of the person drawn. Answers are recorded verbatim. The instructions for the family drawing are: "Now I would like you to draw a picture of your family. . . and yourself, too." The child is given a second sheet of paper and after drawing and labeling each figure, he is asked the following questions: "Now tell me where they are; what they are doing (or going to do); what they are thinking about; what you are thinking about." The drawings, plus the responses to the questions, are used in a clinical appraisal of certain psychodynamic variables. Quantitative scores are not obtained. An elaboration of the clinical appraisal scales used in the evaluation of the free drawings, plus other protocols, is available in the source document which also contains instructions for administration and scoring, reliability, and normative data on 20 instruments used in the authors' project to investigate achievement in children from deprived backgrounds. A copy of the source document is available from the publisher, 630 Fifth Avenue, New York, NY 10020.

NEONATAL BEHAVIOR ASSESSMENT SCALE

London, National Spastics Society Monographs, William Heinemann and Sons, 1972.

Brazelton, T. Berry, 23 Hawthorn Street, Cambridge, MA 02138

The Neonatal Behavior Assessment Scale is designed to assess the behavioral responses of neonates to their environments before they are "shaped" by environmental stimuli. It is expected to be able to distinguish and record individual differences, effects of prenatal experience, cultural differences, and in particular, the kinds of reactions to mothering practices which set the tone of the mother-infant interaction from birth onward. It is based on physiological, neurological, and interactional assessment with emphasis on interactive behavior. The infant is rated for 27 items on a 9-point scale, and for 20 elicited reflexes and movements on a 3-point scale. To make the ratings, the tester must apply stimulation and interact with the infant using about 30 different maneuvers. Some of the variables measured are auditory responses to a rattle or bell, responses to disturbing maneuvers, comforting procedures, and such measures as hand-to-mouth, amount of startle, alertness, and activity. Scoring usually takes about 15 minutes and is done at the end of the examination for most of the items. The examiner attempts to elicit the highest score the infant is capable of attaining on each item. Administration usually takes 20 to 30 minutes. A manual is available to guide the examiner. Anyone planning to use the scale in research is advised to obtain personal training in administration from either the author or from Frances Horowitz, Department of Human Development and Psychology, University of Kansas. With properly trained examiners, the interscorer reliability for the scale was found to be very high (.85-.90). Test-retest reliability and neonate to one-month-old reliability both were found to be greater than .7. The instrument is being used in cross-cultural studies in East Africa, Greece, Guatemala, South America, England, and Hawaii. Copies of the scale and manual are available from the author.

PERSONAL DATA SCHEDULE

Personal data schedule, adolescent personality description project. Proceedings of the Seventy-seventh Annual Convention of the American Psychological Association, 1969, 4, 573-574.

Marks, Phillip A., Division of Clinical Psychology, Upham Hall, College of Medicine, Ohio State University, Columbus, OH 43210

The Personal Data Schedule (PDS) is an instrument designed as part of the Adolescent Personality Description Project. The purpose of the PDS and the accompanying instruments used in the project is to collect empirically derived personality descriptions of emotionally disturbed youths with the intention of: a) Compiling a nationally representative sample of MMPI profiles for emotionally disturbed youth; b) Identifying common, statistically stable personality patterns from among those profiles; c) Deriving objective criteria for specifying and identifying each personality pattern. The PDS is designed for use with emotionally disturbed, Caucasian youths of either sex ranging in age from 12 to 18. The schedule is divided into three parts. Items in Part I are questions pertaining to experiences in childhood (up to age 12). Items in Part II are questions pertaining to experiences in adolescence (from age 12). Part III, entitled "Self-Description," consists of a checklist of over 300 descriptive qualities from which the respondent is asked to select those qualities which describe him. For Parts I and II the subject is instructed to read each question and decide which of the several answers listed beneath the question are mostly true about him. For Part III the subject is asked to place a check by each quality which he feels described him. Sample items from Part I are: "How affectionate was your mother during your childhood?" "How often as a child could you tell what disciplinary action your father would take?" "How successful as a father was your father?" Sample questions from Part II are: "How strict is your father's discipline now?" Which of the following problems are bothering you now?" Sample qualities from the self-descriptive checklist are: "Affected," "Arrogant," "Impulsive," "Feminine," "Shrewd," "Withdrawn." Further information and a copy of the instrument and the instruments which accompany it in the Adolescent Personality Description Project may be obtained from the author.

PROBLEM CHECKLIST

A social competence scale and problem checklist for the preschool child: Factor dimensions, their cross-instrument generality, and longitudinal persistence. Developmental Psychology, in press.

Kohn, Martin, & Rosman, B. L., William Alanson White Institute of Psychiatry, Psychoanalysis and Psychology, 20 West 74th Street, New York, NY 10023

The Problem Checklist is an instrument designed to measure two unipolar dimensions of social-emotional functioning in preschool children: "Apathy-withdrawal" and "Anger-defiance." The instrument is intended for use with 3- to 5-year-old children and is designed primarily for assessing their social-emotional functioning as well as identifying those who are disturbed. The Problem Checklist contains 49 rating scale items. A sample item is: "Screams, bangs objects when angry, irritated when frustrated." The Problem Checklist was developed through application of factor analysis to ratings by pairs of full-time teachers of children in public day care centers. Items had been included which were indicative of emotional disturbance and observable in a preschool environment. Only the first two of nine rotated factors were retained for use. The instrument is filled in by the teacher and requires both a rating form and scoring sheet. Approximately 5 to 10 minutes are required to complete the instrument for one child. The Problem Checklist is scored by use of scoring keys; scoring requires approximately two minutes. Normative data are available on request from the senior author. Reliability and validity data are available in the source document. Major applications of the instrument have been with children from deprived backgrounds, children in need of special attention, and disturbed children. A copy of the instrument is available from the first author.

THE PROJECT HEADSTART PSYCHIATRIC OBSERVATION SCHEDULE

Boston, Project Headstart, Division of Mental Hygiene, 1965.

Hutcheson, Bellenden R., Department of Mental Hygiene, 190 Portland Street, Boston, MA 02114

The Project Headstart Psychiatric Observation Schedule is an instrument designed as part of Headstart program aimed at: a) Developing an index of participant's characteristics that can be used to evaluate each child and make recommendations as to the child's placement and progress; and b) Developing instruments that will allow for the statistical analysis of the total population enrolled in project Headstart of the Massachusetts Division of Mental Hygiene. The Psychiatric Observation Schedule is designed to provide information regarding the psychiatric characteristics of preschool age Headstart participants. Observations are made by a clinically trained, nonparticipant observer who evaluates each child separately in the course of two typical classroom situations by means of the present schedule. The instrument provides a comparative measure by which ratings of the child made by the child's teacher may be compared with those made by an outside observer. The schedule consists of 72 items that tap information in the following areas: "General appearance"; "General behavior"; "Motor behavior"; "Play"; "Relationships"; "Speech"; "Adaptive classroom abilities"; "Symptomatic behavior"; "Diagnosis"; "Recommendations"; "Predictions." Sample items from the schedule are: "Unusual actions (arm waving, toe-walking, stereotyped gestures, twirling), a) yes, b) no"; "Attitudes toward peers, a) actively withdraws or avoids peers, b) follows as observer, c) leads or initiates, d) friendly and cooperative, e) antagonistic ; "Recommendations, a) urgent need of diagnostic evaluation, b) probably needs special school,

c) possible neurotic development, d) possible character disturbance, e) possible mild retardation." Ratings are made by checking "yes" or "no" beside each response option or by circling the response option that best describes the child. The schedule was developed by a team of mental health professionals including sociologists, child psychiatrists, and clinical psychologists in consultation with experienced teachers of preschool age children. Further information and copies of the child evaluation instrument used in the project may be obtained from the author.

THE Q-SORT RATING SCALE

The Q-sort rating scale, adolescent personality description project. Proceedings of the Seventy-seventh Annual Convention of the American Psychological Association, 1969, 4, 573-574.

Marks, Phillip A., Division of Clinical Psychology, Upham Hall, College of Medicine, Ohio State University, Columbus, OH 43210

The Q-Sort Rating Scale is an instrument designed as part of the Adolescent Personality Description Project. The purpose of the scale, and the instruments which accompany it as part of the project, is to collect empirically derived personality descriptions of emotionally disturbed youths with the intention of : a) Compiling a nationally representative sample of MMPI profiles for emotionally disturbed adolescents; b) Identifying common, statistically stable personality patterns from among these profiles; c) Deriving objective criteria for specifying and identifying each personality pattern. The Q-Sort Rating Scale is to be used by therapists in describing emotionally disturbed adolescent patients of either sex ranging in age from 12 to 18 years. Judgments are based upon a minimum of 10 hours of diagnostic and therapeutic interviews with the patient, as well as case reports and psychological test results. The scale consists of a deck of 108 Q-Sort cards on which are written statements describing various genotypic and phenotypic personality traits, such as: "Exhibits depression"; "Is high strung"; "Genotype has psychopathic features"; "Delusional thinking present." The therapist is to arrange the 108 cards into three piles; the first pile contains items which are most descriptive of the patient, the second pile contains items which are moderately descriptive of the patient, the third pile contains items which are least descriptive of the patient. Each of these three piles of cards is then further subdivided into most, moderately and least descriptive items, leaving a total of nine piles of cards; three piles of very descriptive items, three piles of moderately descriptive items, and three piles of least descriptive items. From each of these nine piles the therapist selects 12 items which characterize the most salient features of the patient's personality, resulting in hierachically ordered piles of 12 cards each, ranging from "extreme most" to "extreme least" descriptive items. A special recording sheet is provided which allows the recording of traits according to their relative descriptive power. Further information and a copy of the scale and the instruments which accompany it as part of the project are available from the author.

THE RATING RANKING SCALE OF CHILD BEHAVIOR

Project Summary: The development of behavior dimensions for emotionally disturbed children: A study of relevant indicators for classroom techniques, therapeutic methods, and prognosis. Interim report, USOE Grant 2003, July 1967, Vanderbilt University, Nashville, TN.

Cromwell, Rue L., Lafayette Clinic, Department of Mental Health, 921 East Lafayette, Detroit, MI 48207

The Rating Ranking Scale of Child Behavior (R/R) Scale is an instrument designed to measure observed and current dimensions of behavior which are relevant to social and personal effectiveness of emotionally disturbed children. The instrument is intended for use with teachers and other workers who observe emotionally disturbed children. The R/R Scale contains 125 graphic rating scale items which require that every child be assigned a position along a common scale before judgements are made on the next item. A sample item is: "Will openly strike back with angry behavior to teasing of other children." Spaced along the graphic scale are "never," "once in a great while," "sometimes," "frequently," "always." The R/R Scale was developed through multiple sources involving observations of the principal investigator and a research clinical psychologist of the classroom, play, and bedtime behavior of the children, of teacher-counselors and teachers, of nurses and attendants, and references to relevant personality theory, published literature, and comments of emotionally disturbed children and nondisturbed children. The scale went through several pretesting cycles and revisions. The instrument is self-administering. Mean test-retest interjudge reliability coefficients (one to four week intervals) ranged from .72 to .97. Mean interjudge reliability was .66, with a range from .47 to .89. Additional reliability data and background information are contained in: Cromwell, R. L., & Davis, D. Behavior classification of emotionally disturbed children. Paper presented at the meeting of the Council for Exceptional Children, Portland, OR, April 1965. A copy of the instrument is available from the author.

SENTENCE COMPLETION FORM

Sentence completion responses and classroom social behavior. Personnel and Guidance Journal, 1966, 45, 165-170.

Thurston, John R., Department of Psychology, Wisconsin State University, Garfield and Park Avenues, Eau Claire, WI 54701

The Sentence Completion Form (SCF) is designed to measure socially approved versus aggressive-disruptive behavior tendencies in third, sixth, and ninth grade school children. The SCF consists of 20 incomplete sentences to be completed by the subjects. Some sample items are: "I like. . ."; "Other kids. . ."; "I can't. . ."; "What bothers me most. . . ." The SCF was quantified empirically, evaluating the completions of 192 children divided into two groups exhibiting socially approved and socially disapproved behavior. Intensive study and comparison were used to identify group-characteristic completion patterns. A similar sample of children was used for cross validation purposes. In the scoring, completions characterizing the socially approved group are given a score of "1"; those completions characteristic of the socially disapproved group are given a score of "3"; and those not characteristic of either group are given a score of "2." Interscorer reliability between three members of the research team scoring according to a prepared scoring manual was found to be satisfactory. For very young children the SCF is administered in an interview; for older children it is self-administering. There is no time limit imposed. More validity data and a copy of the SCF appear in: Feldhusen, John F., Thurston, John R., & Benning, James J. Sentence completion responses and classroom social behavior. Personnel and Guidance Journal, 1966, 45, 165-170. Other information is available from the author.

SITUATION EXERCISES

Eau Claire, WI, Eau Claire County Youth Study, 1971

Feldhusen, John F., Department of Educational Psychology, Purdue University, Lafayette, IN 47906

The Situation Exercises are designed to appraise responses to certain frustrations often encountered by children of several age groups. Four different personally frustrating experiences are described in short paragraphs: 1) Being accused of cheating in school; 2) Being threatened with punishment for an unavoidable mistake; 3) Receiving a social rejection; and 4) Not being allowed to make a simple decision over clothing selection. Subjects are asked after reading about a situation to write down all the things that could be said and done in response to the dilemma. The exercises are differentiated for adaptation to sex and age differences. The instrument is administered individually by a trained social worker or psychologist and has an imposed time limit of four minutes per situation. Two scores are drawn from the exercises, an adaptive score and a second score comprising a qualitative measure of abasement, defendence, and aggression. The scores are arrived at through content analysis of each situation separately according to overall scoring principles. Interscorer reliability was tested by comparing scores arrived at independently by two of the authors. The Pearson product-moment correlation coefficients for the two score-sets ranged from .86 to .96 over the four situations. To date, the instrument's major application has been in assessing the differences in responses to frustration between children exhibiting aggressive-disruptive behavior and children exhibiting socially approved behavior. More information and one version of the instrument may be found in Feldhusen, J. F., Thurston, J. R., & Benning, J. J. Studying aggressive children through responses to frustrating situations. Child Study Journal, 1970, 2(1), 1-17.

SOCIAL COMPETENCE SCALE

A social competence scale and problem checklist for the preschool child: Factor dimensions, their cross-instrument generality, and longitudinal persistence. Developmental Psychology, in press.

Kohn, Martin, & Rosman, B. L., William Alanson White Institute of Psychiatry, Psychoanalysis and Psychology, 20 West 74th Street, New York, NY 10023

The Social Competence Scale is an instrument designed to measure two bipolar dimensions of social-emotional functioning in preschool children: "Interest-participation" versus "Apathy-withdrawal" and "Cooperation-Compliance" versus "Anger-defiance." The instrument is intended for use with 3- to 5-year-old children in day care programs and is designed primarily for assessing their social-emotional functioning as well as identifying those who are disturbed. The Social Competence Scale contains 73 rating scale items in the day care version and 64 items in the half-day program version. A sample item is: "Child displays enthusiasm about school and play." The Social Competence Scale was developed through application of factor analysis to ratings by pairs of full time teachers on 407 children in public day care centers. Items had been included which fit various categories of high and low socially competent behavior. Only the first two of six rotated factors were retained for use. The instrument is filled in by the teacher and requires both a rating form and scoring sheet. Approximately 15 to 20 minutes are required to complete the instrument on one child. The Social Competence Scale is scored by the use of scoring keys: scoring requires approximately three minutes. Normative data are available in the source document. Major applications of the instrument have been with children from deprived backgrounds, children in need of special attention, and disturbed children. A copy of the instrument is available from the first author.

STORY TELLING TASK

Traits of school achievers from a deprived background, New York: Associated Educational Services, 1967.

Davidson, Helen H., & Greenberg, J. W., 90 La Salle Street, New York, NY 10027

The Story Telling Task is a modification of the TAT approach and is designed to explore psychodynamic variables focusing on attitudes and motivations related to academic learning. The test was originally used with fifth grade children from lower class Negro populations attending urban ghetto schools and is intended primarily to tap achievement motivation factors which differentiate high from low achievers. The test consists of four pictures, three drawn specifically for this new form, and one taken from the standard TAT set (card number one). The three new pictures consist of a Negro boy with an open book before him, a peer group situation (in a boys' and girls' version) and a classroom situation with a teacher and two Negro children, a boy and a girl. The pictures are designed to elicit respectively, achievement imagery, peer relations, and reaction to conflict between play and school demands, and attitudes toward authority and perceptions of a teacher's role. The test is administered individually by an examiner who gives standard TAT instructions. No time limit is imposed. Reaction time and the text of the story are recorded. Nine attitudinal-motivational measures are scored, summing across the four stories. Reliability between two raters scoring on nine variables from 80 stories given by 20 children is reported to range from .65 to .90. Detailed scoring instructions and normative data are reported in the source document, a 294-page report which also contains instructions for scoring, administration, reliability, and descriptive data on 20 instruments used in a large scale study of achievement among children from deprived backgrounds. To date, the major application of the Story Telling Task has been in research. A copy of the source document which contains reproductions of the picture stimuli is available from the publisher, 630 Fifth Avenue, New York, NY 10020.

SYMONDS PICTURE-STORY TEST

New York, Teachers College Press, Teachers College, Columbia University, 1948.

Symonds, Percival, Teachers College, Columbia University, New York, NY 10027

The Symonds Picture-Story Test (SPST) is a projective technique designed for the study of the personality of adolescent boys and girls. The SPST is identical with Murray's Thematic Apperception Test except that it uses a different set of pictures which were designed especially for the study of adolescent fantasy. The SPST is made up of 20 pictures which are divided into two sets. If both sets are used, Set A should be given at a first sitting and Set B a day later. If only one set is used, Set B is recommended as it has proved to be more effective. The test is administered in an interview situation, and the author suggests a preliminary interview in order to establish rapport between the subject and examiner. Approximately an hour is required to run through 10 pictures. The author recommends that the results of the test be interpreted within the context of life history material on the subject secured by case work or psychoanalytic study. Normative data based on 40 cases are available in the manual. Full details concerning the nature of the test, an analysis of stories, suggestions for use, and two completely analyzed and interpreted cases are reported in Symonds, P. M. *Adolescent fantasy: An investigation of the picture-story method of personality study*. New York: Columbia University Press, 1949. A copy of the test may be obtained from Teachers College Press, 1234 Amsterdam Avenue, New York, NY 10027.

SYMPTOM CHECKLIST

New Haven, Yale University, 1971.

Achenbach, Thomas M., Department of Psychology, Yale University, 333 Cedar Street, New Haven, CT 06510

The Symptom Checklist consists of 84 child behavior symptoms or symptom classes to be evaluated on one of two possible 3-point scales. The first 76 of these symptoms are classified as relatively common symptoms to be evaluated using the following scale: "0," no report of the item or the report indicates that it in no way deviates from normal for the child's age; "1," symptom is mild to moderate in degree, or the report is ambiguous as to whether behavior of a symptomatic degree has occurred; "2," the symptom has definitely occurred and is severe in degree or frequency. Examples of the symptoms in the first group are: "Asthma"; "Crying excessively"; "Jealousy"; Stomachache, cramps, abdominal pain"; "Vandalism"; and "Withdrawn." The last eight symptoms are classified as relatively unusual symptoms to be evaluated using the following scale: "0," no report of the behavior; "1," report is ambiguous as to whether the symptom has occurred; "2," symptom has definitely occurred. Examples of symptoms in this second group are: "Delusions, hallucinations, fantastic thinking"; "Sexual perversion"; "Exposing self"; "Smearing feces." One open-ended question permits listing of unmentioned symptoms. The checklist is designed to be filled out by a professional or other adult familiar with the child's behavior. It is suitable for boys ages 4 to 11. This instrument represents a revision of an earlier version suitable for both sexes described in Achenbach, T. M. The classification of children's psychiatric symptoms: A factor-analytic study. *Psychological Monographs*, 1966, 80, 1-37. Further information and a copy of the instrument may be obtained from the author.

DRUGS

ADDICTION RESEARCH CENTER INVENTORY

Subjective effects of narcotic antagonists cyclazocine and nalophrine on the addiction research center inventory. *Psychopharmacologia*, 18, 366-377.

Haertzen, Charles A., National Institute of Mental Health, Addiction Research Center, Lexington, KY 40507

The Addiction Research Center Inventory (ARCI) is an instrument designed to measure the subjective effects of such drugs as morphine, amphetamine, LSD, alcohol, barbiturates, chlorpromazine, and marijuana. The ARCI is intended for use with drug addicts, alcoholics, mentally ill, criminals or normals; it has been used primarily in research studies with institutionalized drug addicts. The ARCI consists of 550 structured questions covering interests, energy, sensation and perception in the various sensory modalities, orientation, physical, cognitive, social and affective functioning, mood, hostility, anxiety, appetite, drive, personality characteristics, etc. A sample item is: "I have a feeling of just dragging along rather than coasting." The instrument is self-administering; the respondent fills in a true-false machine scoring answer sheet for the 550 items. Normative data for the ARCI and its various subscales have been reported in several publications by the author and his colleagues (e.g., Haertzen, C. A. Development of scales based on patterns of drug effects, using the addiction research center inventory. *Psychological Reports*, 19, 18, 163-194). The ARCI has been used in a variety of research projects designed to reveal subjective response to different types of drug experiences, such as opiate and alcohol withdrawal (Haertzen, C. A., Meketon, M. J., & Hooks, N. T., Jr. Subjective experiences produced by the withdrawal of opiates. *British Journal of Addiction*, 1970, 65, 245-255), and to explore the dimensions of personality and the clinical characteristics of drug based versus nondrug based psychiatric disorders (Haertzen, C. A. On the addiction research center inventory: Scores of former addicts receiving LSD and untreated schizophrenics. *Psychological Reports*, 1964, 483-488). A copy of the instrument as well as complete German and French and partial Swedish and Spanish translations are available from the author.

ATTITUDE-BEHAVIOR SCALE: DRUG DEPENDENCY/ADDICTION

East Lansing, Michigan State University, 1972.

Jordan, John E., Kaple James, & Nicholson, William, College of Education, Michigan State University, East Lansing, MI 48823

The Attitude-Behavior Scale: Drug Dependency/Addiction is an instrument designed to measure attitudes and beliefs with respect to drug users. The instrument is based on an application of the Guttman facet theory approach to attitude scale construction. Some findings from the scale are: "Five content facets were isolated as important in attitudes towards drug users"; "Causes, characteristics, consequences, treatment type and treatment reason." The scale did differentiate between groups with known attitudes and behaviors toward drug users (heroin addicts, paraprofessionals, and professionals.) It was found that when heroin addict groups are separated from open society, and consequently from their drug subculture, and maintained in a controlled treatment setting, their attitudes and behaviors became more like those of their therapists. Both paraprofessional and professional therapists have very similar attitudes and behaviors to those of the residental treatment addicts but quite different attitudes and behaviors from those of no treatment incarcerated addicts and the methadone maintenance addicts. Extensive data from the scale are contained in a series of papers from a symposium at the Second International Symposium on Drug Abuse, Jerusalem, Israel, May 28-31, 1972. More information on the scale and a copy of the instrument are available from the first author.

THE ATTITUDES TOWARD DRUGS AND DRUG TAKERS QUESTIONNAIRE

Leicester, Department of Adult Education, University of Leicester, 1969.

Binnie, Hugh L., Student Health Service, University of Leicester, 161 Welford Road, Leicester, England

The Attitudes Toward Drugs and Drug Takers Questionnaire is an instrument designed to assess drug related attitudes of all the college and university students in a midland city of England. The questionnaire samples such information as biographic characteristice and background of respondents, opinions about the use of drugs, personal experiences with drugs, etc. The questionnaire is divided into three parts: "Description of respondent"; "Opinions and attitudes"; "Personal experience of taking drugs." Sample items from Part I are: "Father's income?"; "Political views?"; etc. Sample items from Part II are: "With regard to the following drugs, alcohol, tobacco, pep pills, pot, LSD, opiates, what is their effect on mental health?"; "I believe that the sort of person who uses drugs is likely to differ from most people as follows . . . ." Sample items from Part III are: "I find it difficult to go more than a week or two without taking this drug"; "While under the influence of the drug, I feel different in the following ways . . . ." The questionnaire was distributed by individually addressed envelopes mailed to all higher education students, totaling a sample of 5,000 subjects. A response rate of 48.5 percent was obtained. From questionnaires returned it was found that the "typical" user was the middle-class male from a large city, in his first or second year of college, usually expressing aesthetic or agnostic religious opinions, left-wing political opinions, and having an average standing scholastically. It was also found that knowledge of the drug, rather than use of it, was related to similarity in opinions regarding its effects, use, and legalization. Further information and a copy of the project summary containing the the questionnaire may be obtained from S. S. Crighton at the Student Health Center, 161 Welford Road, Leicester, England LE2#6BF.

COMMUNITY DRUG ATTITUDES SURVEY

Public knowledge and attitudes on drug abuse in New York State. New York City, New York State Narcotic Addiction Control Commission, Executive Park South, Albany, NY.

Glaser, Daniel, & Snow, Mary, Department of Sociology, University of Southern California, Los Angeles, CA 90007

The Community Drug Attitudes Survey (a title supplied by the abstractor) is an interview schedule designed to provide information concerning the public's knowledge of and attitude toward drug abuse. The survey was designed to procure information from New York State residents in order for the State's Narcotic Addiction Control Commission to satisfy its mandated obligation to survey the State's needs for drug prevention and control and to provide public education about narcotics. The survey was administered to a representative sample of 6,105 New York residents in 1968 by professional interviewers. Results of that study are presented at length in the source document. The Community Drug Attitudes Survey consists of approximately 27 major items, most with contingent subitems (e.g., If yes, ask questions 10a through 10d). The survey contains four parts, each of which is addressed to a specific aspect of the drug problem. The first part concerns perception of drugs as a neighborhood problem, Part II samples knowledge of the prevalence of drug use, Part III samples knowledge of the effects of various drugs, and Part IV samples the public's awareness and attitudes on treatment of addiction in New York State. Interview items include primarily open-ended questions (e.g., "What do you think is the main cause of these problems?"), forced choice ratings (e.g., "Would you say the amount of marijuana used in your neighborhood is very bad, bad, not too bad or hardly a problem?") and dichotomous response items (e.g., "Can marijuana/LSD be used without any permanent damage at all?"). The interviewer also provides information by observation as to ethnic classification of the respondent, location description of the home (socioeconomic status), and ethnic composition of the location. These and other demographic variables may be analyzed for covariance with interview responses. A copy of the instrument is included in the appendix of the source document, an 82-page research monograph documenting the results of the New York study.

DRUG ABUSE QUESTIONNAIRE

Exploratory study in neighborhood drug abuse. Baltimore, MD, The Johns Hopkins Hospital, 1970.

Michaux, William W., 501 Colleen Road, Baltimore, MD 21229

The Drug Abuse Questionnaire (DAQ) is an instrument designed to measure drug abuse in neighborhoods. The instrument was used with 65 members of a community church for the purposes of research. The DAQ contains 130 items that focus on demographic and social questions as well as questions concerning the respondent's knowledge and feelings about drug abuse. A sample item is: "Heroin is commonly used by addicts, true; false; don't know." Use of the DAQ requires professional skills in survey work and in drug abuse. Any individual who has adequate reading skills may be given the questionnaire. Approximately 15 to 45 minutes are required to complete the questionnaire. The DAQ may be given in a group. Limited normative data are available in the source document. Reliability and validity data are not available. To date, the major applications have been in research. A copy of the instrument is available from the author.

DRUG ASSOCIATION TEST

Lexington, Addiction Research Center, 1973.

Haertzen, Charles A., National Institute of Mental Health, Addiction Research Center, Lexington, KY 40507

The Drug Association Test (DAT) broadly refers to a procedure in which subjects are asked to give forced choice associations to five drugs using words or sentences as stimuli. The response options include: "Heroin"; "Benzedrine"; "Alcohol"; "Goofballs"; and "Reefers" (Instruction B-1). In alternate instructions other drugs such as morphine, methadone, etc. have been substituted for heroin. A variety of lists of words have been assembled and have been given to at least 20 opiate addicts. A dictionary of 3,500 words has been assembled which gives the percentage of associations to five drugs for instruction B-1 (Haertzen, C. A., & Hooks, N. T., Jr. Dictionary of drug associations to heroin, benzedrine, alcohol, barbiturates and marijuana. Journal of Clinical Psychology, 1973, 29, 115-164). For instance, 98 percent of opiate addicts associate the word "habit" with heroin. The word list making up this test, list number 38, consists of 278 drug relevant words. It is hypothesized that the total number of associations to these words for a particular drug partially indicates habit strength for using that drug. Some evidence for this hypothesis has been presented (Haertzen, C. A., Hooks, N. T., Jr., & Pross, Mary. Drug association as a measure of habit strength for specific drugs. Journal of Nervous and Mental Disease, in press). Associations to particular words rather than collections of words may be accounted for by cultural, subcultural, or more personal reinforcement factors. Cultural and subcultural factors are tested by appropriate selection of words. Thus, word list number 55 contains only slang words which refer to one of the five drugs mentioned in instruction P-1. Only the correct association is scored. For example, "horse" refers to "heroin," "pot" to "marijuana," "hooch" to "alcohol," "hearts to benzedrine," and "King-Kong pills" to "goofballs." The DAT has been given only to opiate addicts and normals, but the words in list 38 are believed to be applicable to any literate group whether they have used drugs or not. Normative, reliability, and validity data are available for opiate addicts and normals. A copy of list 38 with instruction B-1 is available from the author. The dictionary is obtainable from the Clinical Psychology Publishing Company, Inc., 4 Conant Square, Brandon, VT 05733.

DRUG USAGE QUESTIONNAIRE

American Journal of Psychiatry, 1970, 127, 55-64.

Mizner, George L., Box 203, Medical Center, University of Colorado, 4200 East Ninth Avenue, Denver, CO 80220

The Drug Usage Questionnaire was developed as part of the Bureau of Narcotics and Dangerous Drugs to survey attitudes, moods, and reasons for drug use among a select group of college students. The instrument contains 35 items that pertain to the individual's background and experience with three illegal drugs, marijuana, LSD, and amphetamines. Items about the drugs inquire about time of first usage, effect of the drug on moods, anticipated use of a drug, and attitudes toward drug legislation. Personal items include origins, religion, grade point average, college major, parental education, and socioeconomic background. One item calls for the respondent's experience with other drugs such as hypnotics, tranquilizers, glue sniffing, and alcohol. Method of administration was by mailing the questionnaire with an instruction card, business reply envelope, and a business reply postcard to a select group of college students. Only those that replied were used in the survey. More information is available from the Drug Control Division, Office of Scientific Support, Bureau of Narcotics and Dangerous Drugs, U. S. Department of Justice, Washington, DC 20537. A copy of the instrument is available from Ernest W. Ferneau, Jr., Custodian, Drug Abuse Research Instrument Inventory, Boston City Hospital Psychiatry Service, Mattapan Chronic Disease Hospital, 249 River Street, Mattapan, MA 02126.

THE DRUG USE QUESTIONNAIRE

The incidence of drug abuse among secondary school students in Houston. St. Joseph Hospital Medical Surgical Journal, 1971, 6(1, 2).

Hays, J. Ray, Texas Research Institute of Mental Sciences, Texas Medical Center, 1300 Moursand Avenue, Houston, TX 77025

The Drug Use Questionnaire is an instrument designed to measure the extent of use of nine categories of drugs as well as demographic, attitudinal, and factual variables related to drug use. The instrument is intended for use with secondary and university age students and nonstudents and is designed primarily to obtain baseline data on the extent and nature of drug use for utilization in program planning for schools and other public service agencies. The Drug Use Questionnaire contains 88 multiple-choice items. Twenty-seven questions ask frequency of use during three time periods for these categories: "Marijuana"; "Hallucinogens"; "Opiates or cocaine"; "Tobacco"; "Alcohol"; "Cough syrup"; "Solvents"; "Barbituates"; and "Stimulants." Time periods are: "Ever used"; "Used in past six months"; and "Used in past seven days." A sample item is: "How many times have you used marijuana or hashish in the last seven days?" ("never," "one or two times," "three to five times," "six to nine times," "10 or more times"). The questionnaire was developed through clinical experience, school system need, and community input. It was pilot tested on school students. The instrument is self-administering, anonymously, and requires a 5-choice answer sheet which may be machine scored. Results presented in the source document are percent incidence by period, grade, sex, and type drug. Additional data, including correlates of drug use, are contained in the report: Hays, J. R. The incidence and correlates of drug abuse in the secondary schools of the Houston independent school district. Technical Report to the Drug Education Committee, November 1971, Texas Research Institute of Mental Sciences, Houston, TX 77025. A copy of the instrument is available from the author.

DRUG USE QUESTIONNAIRE

Patterns of drug use in a population of youthful psychiatric inpatients. American Journal of Psychiatry, 1972, 128(11), 1381-1387.

Shearn, Charles R., & Fitzgibbons, D. J., Institute of Living, 400 Washington Street, Hartford, CT 06106

The Drug Use Questionnaire (a title supplied by the abstractor) is an instrument designed to measure incidence and frequency of drug use in populations under the age of 25 years. The instrument is intended for use with hospitalized psychiatric patients and is designed to provide comparative data on drug use in hospitalized samples with previously obtained information on drug use patterns in college students. The questionnaire requests information on usage, combinations of drugs used, frequency of use and rationale for usage or nonusage with regard to five drug groups, amphetamines, marijuana, barbiturates, hallucinogens and hard narcotics. The instrument was adapted from that used by Mizner, et al. (1970), in a study of drug use in college populations. Mizner's questionnaire required information on only three drug groups (amphetamines, marijuana, LSD). The other two groups were incorporated into the questionnaire on the basis of preliminary discussions with patients which suggested that the range of drug categories should be broadened. The instrument is self-administered and contains 16 items. The first eight items pertain to incidence of drug usage, and the final eight focus on reasons for usage or nonusage. Most of the items consist of a core sentence or question followed by a list of alternative responses. Subjects are requested to respond by making a check under each of the five drug group headings in a place corresponding to the appropriate alternative. A sample item from the first eight is: "During my lifetime I have used the following drugs without a medical prescription . . . ." For each drug group listed the subject checks "never," "one to nine times," "10 to 29 times," "30 to 100 times" or "more than 100 times." A sample item from the final group is: "The reasons I have never used the drug are as follows, I have used it. I don't believe in doing something illegal. I was afraid of getting caught, etc." Normative data on unhospitalized ("normal") samples for comparative purposes are reported in Mizner, et al. (1970). To date, the questionnaire has been used in a study of drug usage among patients under 25 years of age at the Institute of Living in Hartford, Connecticut. Results of that study are reported in the source document. Additional results are reported in two other publications: Shearn, C. R., & Fitzgibbons, D. J. Survey of reasons for illicit drug use in a population of youthful psychiatric in-patients. International Journal of the Addictions (in press); and Fitzgibbons, D. J., Berry, D. F., & Shearn, C. R. MMPI and diagnosis among hospitalized drug abusers. Journal of Community Psychology (in press). The reference for college student drug usage is Mizner, G. L., Boster, J. R., & Werme, P. H. Patterns of drug use among college students: A preliminary report. American Journal of Psychiatry, 1970, 127, 15-24. A copy of the instrument and relevant reprints are available from the second author.

THE DRUG USE SCALE
Columbia, MO, University of Missouri, 1971.

Althoff, Michael E., Department of Psychology, Southern Illinois University, Carbondale, IL 62901

The Drug Use Scale is an empirically derived instrument designed to measure the construct of drug-using behavior. Seventy-six items inquiring about an individual's attitudes, experience, and knowledge about five classes of drugs (marijuana, hallucinogens, stimulants, depressants, and opiates) comprise the three subtests of the scale and serve as an operational definition of the above construct. This self-administering scale is primarily designed for use with college students; however, its applicability to high school students is currently being explored. The scale takes 30 to 45 minutes to administer and is scored by a computer program which also tabulates the data and provides descriptive statistics. Items included in the final version of the scale were empirically selected. Median reliability coefficients calculated are .88 (test-retest) and .88 (Cronbach's alpha). Relationships between subtests and subtest parts were high (median r = .48), and the scale was cross-validated on two occasions. The construct validity of the scale is currently being explored. The instrument is being used nationwide in various investigations, and extensive normative data are available. The scale has potential for use in any investigation exploring drug use. The following items are available from the author: 1) Extended tabular presentation of the results of the scale's development; 2) Format or key punching data and directions for scoring; 3) List of investigators currently using the scale and a brief description of their hypotheses; 4) report entitled: The drug use scale and its use in drug education, 1972; 5) A report entitled: An estimation of the relationship between the initial and final forms of the drug use scale, 1972.

EXPECTATION OF DRUG EFFECT QUESTIONNAIRE
Chicago, University of Chicago, 1972.

Nash, Michael M., 6113 Tyler Drive, Woodridge, IL 60515

The Expectations of Drug Effect Questionnaire (EXP) was designed to measure strength of drug expectations as a predictor of placebo response. EXP is evaluated by use of an 8-item questionnaire asking about the subject's belief in the experimenters and in the drug and also asking about the ways and amount the subject hopes the drug will help him. Items are scored on a 3-point scale, two points being given for positive feelings and expectations, one point for a neutral or indifferent answer, and zero points for cynical or pessimistic responses. Scores on all eight questions are summed. In research applications of this instrument, 99 subjects received either a drug or placebo for eight days. Before drug therapy, short term memory and EXP were assessed. After therapy, memory was tested and the subject questioned about experienced change. The measure of EXP was found to correlate significantly with the subjective measure of placebo reaction (experienced change) as well as with the behavioral criterion (improved short term memory). See Nash, M. M. & Zimring, F. M. Prediction to reaction to placebo. Journal of Abnormal Psychology, 1969, 74(5), 568-573. A copy of the instrument is available from the author.

HABIT SURVEY-HABITS OF MEDICATION
The study of the precursors of essential hypertension and coronary artery disease: A program of preventive medicine. Book of population, procedures and forms, 1946-1967. Baltimore, MD, The Johns Hopkins University School of Medicine, 1967.

Thomas, Caroline Bedell, The Johns Hopkins University School of Medicine, 725 North Wolfe Street, Baltimore MD 21205

The Habit Survey-Habits of Medication is an instrument designed to collect information on the type, amount, and effect of medication taken by an individual. The instrument was intended for use with medical students at the Johns Hopkins University School of Medicine and was designed primarily to build a data bank of medical student habits for use in the study of the precursors of heart attacks and strokes. The Habits of Medication Survey is one of eight dimensions considered in the Habit Survey. The other dimensions investigated are eating, composition of diet, smoking, drinking nervous tensions, sleeping, work and recreation. The Habits of Medication Survey consists of six items. The items are: "How often do you take a laxative?" "What types of laxative do you take?"; "How often do you take a sedative?"; "What types of sedative do you take?"; "Have you ever taken benzedrine sulfate or related compounds?"; "What effects did you have?"; "List any other medications which you take frequently or regularly, with notations as to reason." The instrument is self-administered and was used in the initial data collection. Since 1946, when the study was initiated, over 70 papers and four books reporting the partial results and standardization of the methods have been published. A copy of the instrument and the source document are available from the autnor.

HILL-MONROE ACCEPTABILITY FOR PSYCHOTHERAPY SCALE

The Hill-Monroe inventory for predicting acceptability for psychotherapy in the institutionalized narcotic addict. Journal of Clinical Psychology, 1968, 14, 30-36.

Monroe, Jack J., & Hill, H. E., NIMH Clinical Research Center, Department of Health, Education, and Welfare, Lexington, KY 40507

The Hill-Monroe Acceptability for Psychotherapy (AP) Scale is designed to predict the acceptability of addict patients for psychotherapy. The AP scale consists of 46 true-false items. Some sample items are: "Most people are honest chiefly through fear of being caught"; "I will never be satisfied with a routine job"; "There is nothing wrong with me" (except that I use drugs); "I must admit I wish I were a square." The scale's validity is examined in Berzins, Juris I., Ross, W. F., & Monroe, J. J. Cross-validation of the Hill-Monroe acceptability for psychotherapy scale for addict males. Journal of Clinical Psychology, 1970, 26(2), 199-201. In this study male psychiatric aides conducted 20-minute interviews with male addict patients shortly after the latter had undergone withdrawal. The interviews were tape-recorded and later independently rated by two judges for patient acceptability with interjudge reliability coefficients of .86 and .80. AP Scale scores were also compared with scores on the NMPI, the Lexington Personality Inventory (LPI), the Verbal Facility Scale (VO), and the Rotter I-E Locus of Control Scale (IE). Among those test scor[illegible] AP Scale proved to be the best single predictor of patients' acceptability for psychotherapy as determin[illegible] the interviews. Patients scoring high on the AP Scale were perceived by their interviewers as "warm, easy to talk to, active, likable, open, and compatible." Judges also saw the high scorers as more "self-confident, sophisticated, and professional." More information and a copy of the scale are available from George English, Psychology Section, NIMH Clinical Research Center, Lexington, KY 40507.

LEGALIZATION OF MARIJUANA ATTITUDE SCALE

Chestnut Hill, Boston College, 1971.

Baer, Daniel J., Department of Psychology, McGuinn Hall, Boston College, Chestnut Hill, MA 02167

The Legalization of Marijuana Attitude Scale is designed to assess favorable, negative, and neutral attitudes towards the legalization of marijuana. The scale consists of 44 statements prepared in the general format of a Thurstone attitude scale. Six of the 44 items pertain to legislation concerning the use of marijuana. Each statement in the scale may be answered "yes," "no," or "?." Some sample items are: "Penalties are too severe for those who use marijuana"; "Those who sell marijuana should be severely punished"; "Marijuana is an escape from reality"; "Marijuana leads to other drugs"; "Everyone should use marijuana at least once in his life." A study using the scale is described in Baer, Daniel J. Political views of high school and college students and attitudes about legalization of marijuana. Proceedings, 79th annual convention, APA, 1971. In this study attitudes toward legalization of marijuana were correlated with political views, use and nonuse of marijuana. More information and a copy of the instrument are available from the author.

LEHMANN-ROCKLIFF DEPRESSION RATING SCALE

A brief rating scale for antidepressant drug trials. Comprehensive Psychiatry, 1971, 21(2), 122-135.

Rockliff, Burton W., Riker Laboratories, 22030 Sherman Way, Canoga Park, CA 91303

The Lehmann-Rockliff Depression Rating Scale is an instrument designed to measure severity of depression among psychiatric patients treated with antidepressant drugs. The instrument is designed primarily to provide a useful measure of changes in the severity of depression in appropriately diagnosed depressed patients under observation for treatment effects. The instrument is not intended for use as a diagnostic tool. The instrument is a 10-item scale consisting of depressive symptoms which are rated on a 4-point scale of severity. A sample item is: "Impairment of work and social interests." The rating scale ranges from "no impairment" to "completely inactive and disinterested." The scale is intended for use by psychiatrists and clinical investigators. The instrument is based on the Depression Rating Scale devised by Lehmann (Canadian Psychiatric Association Journal, 1958, 3, 155-164). Three items concerning work and social interest impairment, suicidal tendencies, and somatic complaints were added to Lehmann's original 7-item scale. The instrument is scored by adding the ratings for each of the 10 items. The total may range from 0 to 30. Reliability and validity data are available in the source document. The Depression Rating Scale was found to correlate highly with global assessments of severity of depression made on groups of hospitalized patients. To date, the major application of the instrument has been in the assessment of changes in severity of depression of 165 patients after treatment in four separate antidepressant drug trials. It has been used also in monitoring the status of 74 patients in a fifth placebo-controlled trial. Results of that study, as reported in the source document, showed that the rating scale scores were more sensitive in detecting drug versus placebo differences than global assessments. Copies of instruments are available from the author.

OPIATE WITHDRAWAL SCALE: SHORT FORM

Lexington, KY, NIMH Clinical Research Center, 1968.

Meketon, Melvin J., & Haertzen, Charles A., Mental Health Training, IHS Training Center, P. O. Box 17510, Tucson, AZ 85710

The Opiate Withdrawal Scale: Short Form (OPW) is an instrument designed to measure subjective experiences of patients undergoing opiate withdrawal when opiates are either diminished or completely withdrawn. The OPW was originally developed for research focusing on the addicts' subjective experiences as an indicator of opiate need, length of abstinence and individual differences or reaction to opiate withdrawal. The subjects were male opiate addicts. The OPW consists of 79 true or false items, comprising statements of physiological, psychological, and emotional states. A sample item is: "I need to keep a poker face so that people won't know what I am thinking." The OPW was constructed through the utilization of patient reported experiences, addicting dosage level and physiological signs of withdrawal as sources of information for developing the items. The instrument is self-administering. The OPW is objectively scored and requires no special clinical skill to administer. Normative, reliability, and validity data are reported in Meketon, M. J. The opiate need: Preliminary studies of addict motivation. Unpublished report, NIMH Clinical Research Center, Lexington, KY, 1968; and Haertzen, C. A., & Meketon, M. J. Opiate withdrawal as measured by addiction research center inventory (ARCI). Diseases of the nervous system, 1968, 29, 450-455. To date, the major application of the instrument has been in research with institutionalized opiate addicts. A Spanish language version of the scale is available. More information and a copy of the instrument may be obtained from the first author at the address cited above or from the second author, Charles A. Haertzen, NIMH Clinical Research Center, Leestown Road, Lexington, KY 40507.

PERIODIC RATINGS FOR DRUG INTERVIEWS

Controlled interviews using drugs. Archives of General Psychiatry, 1970, 22, 2-10.

Smith, Burke M., Hain, Jack D., & Stevenson, Ian, Department of Psychiatry, University of Virginia School of Medicine, Charlottesville, VA 22901

The Periodic Rating for Drug Interviews (abstractor's title) is an instrument that is filled out at six equal intervals, during an interview by an observer, e.g., 60 minutes interview, 10 minute intervals. The observer uses this instrument to rate 12 variables of a patient's behavior and three aspects of the interviewer's behavior: 1) Rate of speech; 2) Amount of speech; 3) ease of speech; 4) Clarity of speech; 5) Desuppression; 6) Derepression; 7) Elation; 8) Depression; 9) Anxiety; 10) Anger; 11) Feeling toward examiner; 12) Direction of attention; 13) Interviewer's amount of speech. This instrument was used to examine the effect of drugs and interviewer on a patient's emotional expression. It contains 15 items which are rated on a 5-point scale. The instrument also provides spaces for the six equal time-interval ratings mentioned above. Sample items include, "Rate of speech: 0) mute; 1) slowed; 2) average; 3) hurried; 4) pressure of speech"; Feeling toward examiner: 0) very friendly; 1) friendly; 2) neutral; 3) hostile; 4) very hostile." This instrument was used in conjunction with the Post-Interview Questionnaire measured the variables mentioned above at a later time. Additional information and a copy of both instruments are available from Ian Stevenson, M.D., at the address cited above.

PERSONAL INVENTORY

The language of addiction. International Journal of the Addictions, 1970, 5(1), 115-129.

Haertzen, Charles A., Monroe, J. J., Hooks, N. T., Jr., & Hill, H. E., National Institute of Mental Health, Addiction Research Center, Lexington, KY 40507

The Personal Inventory (PI), adapted from an instrument originally developed by Monroe and Hill (Monroe, J. J., & Hill, H. E. The Hill-Monroe inventory for predicting acceptability for psychotherapy in the institutionalized narcotic addict. Journal of Clinical Psychology, 1958, 14, 31-36) is an instrument designed to measure personality and drug related experiences of opiate addicts with an intention of including questions that would be related to opiate addiction and to suitability for psychotherapy. The PI consists of 220 items to be answered "true" or "false." A sample item is: "I think my father should have been sent to a reform school when he was young." The instrument was developed through the research and clinical experience of the authors; many of the items are similar to those in the Minnesota Multiphasic Personality Inventory. Psychopathic traits, hostility, empathy, positive interests, motivation for treatment, disturbance in past home life, and degree of desirability of the drug condition were hypothesized by the authors as being predictive of suitability for psychotherapy. Some items were written from a stimulus-response learning theory frame of reference. About two-thirds of the items are related to personality characteristics, and the remainder deal with drug preference, effect of drugs on personal experiences, and history of use. The PI is self-administering and makes use of a machine-scored answer sheet. Normative data for some scales derived from the PI are reported in Haertzen (Haertzen, C. A., Monroe, J. J., Hill, H. E., & Hooks, N. T., Jr. Manual for alcoholic scales of the inventory of habits and attitudes. Psychological Reports, 1969, 25, 947-973). A test similar to the PI for use with alcoholics is the Inventory of Habits and Attitudes (IHA); this instrument contains the same personality items as the PI but has other items written specifically to assess the experiences of alcoholics. A copy of the instrument is available from the first author.

POST-INTERVIEW QUESTIONNAIRE FOR DRUG INTERVIEWS

'Controlled interviews using drugs.' Archives of General Psychiatry, 1970, 22, 1-10.

Smith, Burke M., Hain, Jack D., & Stevenson, Ian, Department of Psychiatry, University of Virginia School of Medicine, Charlottesville, VA 22901

The Post-Interview Questionnaire for Drug Interviews (abstractor's title) is an instrument designed to measure a patient's recollection, attitudes and feelings towards an earlier interview. This instrument is completed by the patient. Many items are answered on a variety of 3-point answer scales; e.g., "better," "no change," "worse," "decrease," "no change," "increase"; "more clearly," "no change," "less clearly"; "greater," "no change," "less," etc. Other items are answered using a yes-no answering scale. Sample items include: "Did you discuss anything in the interview that you now wish you hadn't ?"; "As a result of the interview do you feel that you are now able to cope with your problems, a) more adequately, b) no change, c) less adequately." This instrument was used in conjunction with the Periodic Rating for Drug Interviews by the same authors to examine the effect of different drugs and the interviewer on the patient's emotional expressions, feeling, and recollection. Additional information and a copy of both instruments are available from Ian Stevenson, M.D., at the address cited above.

QUESTIONNAIRE OF DRUG USE AMONG COLLEGE STUDENTS

Brooklyn, NY, Brooklyn College, 1968.

Pearlman, Samuel, Philip, Anthony F., Robbins, Lillian, Robbins, Edwin S., Robinson, Elsa, & Schmitter, Barbara, Brooklyn College, City University of New York, Brooklyn, NY 11210

The Questionnaire of Drug Use Among College Students (title supplied by the abstractor) is an instrument designed to measure patterns of both licit and illicit drug use among college populations. The instrument is self-administered and consists of three parts, items requesting demographic information, items related to drug usage, and items eliciting attitudes about specified drug issues. The first part contains 20 items of the forced-choice type. A sample item is: "In what religion were you brought up?" The second section contains a list of 11 drug categories and requires the respondent to describe, by forced-choice selection, his experience with each drug category. A sample item is: "Amphetamines, ever used?, currently using?, how often?, when first used?, use primarily suggested by?" The section also contains a list of 16 drug effects and requests the respondent to circle any and all effects which reflect his own experience with the drugs listed. A sample item is: "Feelings of exceptional power." Other items concern perceived parental use of and attitude about various drugs, reasons for drug abstention (when appropriate) and beliefs about why people in general use various drugs. The final part consists of a list of 15 attitude statements with 5-point Likert-type responses indicating agreement or disagreement. A sample item is: "Marijuana should be legalized on the same basis as alcohol." The instrument is designed for computer scoring. The instrument was developed by a group of researchers who constructed a pool of 800 questions from which 140 were finally selected for use through pilot research in 1968 to 1969. In 1968 the instrument was used in a study of 12,000 college students at 20 colleges in the New York area. Results of that study are presented in three unpublished papers (see below). A copy of the instrument is available from Dr. Ernest W. Ferneau, Jr., Custodian, Drug Abuse Research Instrument Inventory, Boston City Hospital Psychiatric Service, Mattapan Chronic Disease Hospital, 249 River Street, Mattapan, MA 02126. References are Pearlman, S., et al. The college drug scene: Adventures in epidemiological research. Unpublished paper presented in Symposium on Students and Drugs, American Educational Research Association, New York City, February 7, 1971; Robbins, Lillian, et al. College students' perceptions of their parents' attitudes and practices toward drug use. Unpublished paper presented at a meeting of Eastern Psychological Association, New York City, 1971. An extended bibliography on drug surveys on student populations in colleges and schools is available from the author.

STANDARD STUDENT INTERVIEW FORM

Stanford, Institute for Public Policy Analysis, Stanford University, 1969.

Blum, Richard H., Center for Interdisciplinary Research, Stanford University, Stanford, CA 94305

The Standard Student Interview Form is an interview format instrument designed as part of the National Institute of Mental Health Cooperative Collegiate Study conducted by the Stanford University Center for Interdisciplinary Research. The instrument consists of approximately 58 open and close-ended items intended for administration to college students. The interview outline taps student information in the following areas: 1) Student background (educational, religious, and political attitudes); 2) Parental and family background (parents' socioeconomic characteristics, political, and religious attitudes); 3) Students' preferred activities; 4) Participation in student political activism; 5) Areas of parent-student conflict; 6) Use of, reasons for use of, and effects arising out of use of the following drugs (tobacco, alcohol, amphetamines, sedatives, tranquilizers, marijuana, hallucinogens, opiates, cocaine, and narcotics); 7) Frequency of use of legal medicinal drugs; 8) Parental child rearing practices related to the encouragement of drug use; 9) Satisfaction with academic goals and attainments; 10) Degree of affiliation with such groups as (the student body, people who hold power in this country, the Western culture, the student revolt, majors in your department, etc.). Sample items from the interview are: "Is your father's (mother's) present religious affiliation the same as yours?"; "Do you feel your present political position is now undergoing change, that is, are your beliefs or affiliations shifting?"; "Main event leading to beginning or increase in use of (name of drug)?"; "Have you ever taken anything to make you feel less afraid or more courageous?"; "Looking back on your childhood illnesses, including those that weren't serious, can you think of any advantages there were to being sick?" The instrument is completed by a trained interviewer and requires about 60 to 90 minutes for completion. Possible applications of the present interview would be to record drug use and investigate family background variables possibly related to subsequent use of drugs, e.g., parent-student conflict, disillusionment, childhood reinforcement of drug-related behaviors, etc. Further information regarding the data collected using this interview form, as well as a copy of the instrument, may be obtained from the author.

STUDY E QUESTIONNAIRE
Carbondale, IL, Southern Illinois University, 1971.

Tyler, Thomas A., Testing Center, Washington Square, Building C, Southern Illinois University, Carbondale, IL 62901

The Study E Questionnaire is an instrument designed to collect information concerning drug use and abuse. The instrument is a revised version of a questionnaire developed by Kenneth Eells used to assess drug use at Cal Tech. The present instrument is intended for use with Southern Illinois University students. The Study E Questionnaire consists of 10 items of classification data (sex, age, residence, academic status) and 12 items concerning usage of any or all of the drugs marijuana, hallocinogens, stimulants, depressants, opiates. Sample items are: "During my lifetime, I have used the drug listed, (never, once or twice, three to five times, six to nine times, 10 or more times)"; "The first time I used the drug was _________"; "The last time I used the drug was _________"; "If I have used this drug, it has been primarily for the following reasons, (curiosity, kicks, escape, boredom, social pressure, personal problems, experience's sake, other)." Copies of the instrument can be obtained from Dr. Ernest W. Ferneau, Jr., Boston City Hospital Psychiatry Service, Mattapan Chronic Disease Hospital, 249 River Street, Mattapan, MA 02126.

TEACHER QUESTIONNAIRE
A teacher rating scale for use in drug studies with children. American Journal of Psychiatry, 1969, 126(6), 152-156.

Conners, C. Keith, Child Development Laboratory, Massachusetts General Hospital, Boston, MA 02114

The Teacher Questionnaire is an instrument designed to measure the presence and severity of symptoms of childhood behavior and/or learning disorders prior to medication of the child and during the last week of treatment. The instrument is intended for use by homeroom teachers with the specific limitation that the teacher is to fill out the scale only if he or she knows the child well. The questionnaire is designed primarily for evaluating the effectiveness of various drug treatments of disorders which are manifest in a school setting. The instrument is self-administered and consists of 29 items divided into three large groupings: "Classroom behavior"; "Group participation"; and "Attitude toward authority." Ten items are also included in the Parent Symptom Questionnaire and may be used as a separate brief scale. The preliminary form (i.e., prior to medication) is three pages long and consists of school background data (e.g., achievement test scores), the 39-item sympton checklist and space for additional comments on the target child's siblings, teacher, suggestions, and observations. The symptom items are rated on a 4-point scale of degree of activity ranging from "not at all" to "very much." A sample item is: "Isolates himself from other children." The follow-up form is identical except for the omission of background information. A factor analysis of the list items yielded five factors that gave reliable subscales over a 1-month period. Reliability of the instrument is reported to be from .71 to .91. The scale also appears to correlate well with other objective measures and forms of rating of children's behavior. Additional information concerning the factor analysis is available in the source document. To date, the major application of the instrument has been in a study of the effectiveness of dextroamphetamine treatment on a group of children with learning and/or behavior disorders. A copy of the instrument is available from the author.

ACHIEVEMENT ANXIETY TEST

Anxiety in Academic Achievement Situations. Journal of Abnormal and Social Psychology, 1960, 61, 207-215.

Alpert, Richard, no address.

The Achievement Anxiety Test is an instrument designed to measure test anxiety. The instrument is intended for use with college students and is designed primarily for comparisons with measures of academic achievement. The test consists of 26 items which tap subject feelings about a variety of scholastic situations. Sample items are: "Nervousness while taking an exam or test hinders me from doing well"; "I have a good appetite"; "When I am poorly prepared for an exam or test, I get upset and do less well than even my restricted knowledge should allow"; "Time pressure on an exam causes me to do worse than the rest of the group under similar conditions"; "When I don't do well on a difficult item at the beginning of an exam, it tends to upset me so that I block on even easy questions later on." Items are to be answered using a 5-point scale from "almost never" to "almost always," as follows: 1) Almost never; 2) Rarely; 3) Occasionally; 4) Often; 5) Almost always. The instrument was developed as part of a program of research relating anxiety and academic achievement. The instrument is self-administered. A copy of the instrument is available from George J. Allen, Department of Psychology, University of Connecticut, Storrs, CT 06268.

THE ADOLESCENT CONFLICT TEST

Psychosomatic Medicine, 1969, 31, 37-44.

Jacobs, Martin A., Boston University School of Medicine, 80 East Concord Street, Room 403, Boston, MA 02118

The Adolescent Conflict Test is an instrument designed to collect information on an individual's reaction to certain problem situations. The instrument is intended for use with college aged students. The instrument consists of 20 short descriptions of various problem situations which college students are likely to face. The student is asked to write a few brief sentences on what he would feel like saying or doing if the situation happened to him. Sample items are: "Bob's mother asks him not to play his phonograph because it may get her into trouble with the neighbors. What would you feel like saying or doing if you were Bob?"; "Burt's mother is quite gushy even when his friends are around. This embarrasses him, but he knows that she is well meaning. What would you feel like doing or saying if you were Burt?"; "Herb wants to join a fraternity very much. However, the boys in the group seem cold to him without overtly rejecting him. What would you feel like saying or doing if you were Herb?" The instrument is self-administered and requires approximately 30 to 45 minutes to complete. A copy of the instrument and more information about it can be obtained from the author.

CHECKLIST DESCRIPTION OF ACTIVITIES

Boulder, University of Colorado, 1970.

Scott, William A., & Brush, Ruth E., Department of Psychology, University of Colorado, Boulder, CO 80302

The Checklist Description of Activities (CDOA), a title supplied by the abstractor, is one of eight instruments developed by the author to measure the structural properties of a single cognitive domain: "School." The other seven instruments are Listing and Grouping, Open Description and Rating, Description on Specified Characteristics, Most Similar Pairs, Rating I and II, Grouping, and Homogenizing Sets. The author has also developed instruments similar to the ones above for measuring other cognitive domains such as nations, self, celebrities, acquaintances, family, and occupations. To date, these instruments have been used to assess the degree of personal maladjustment of college student and schizophrenic patients. The Checklist Description of Activities assesses four structural properties of the school domain, evaluative centrality, ambivalence, affective-evaluative consistency, and dimensionality. In this instrument, the subject is presented with 10 activities and a list of 36 adjective pairs. The activities include attending class, studying, meeting people, helping formulate school policy, participating in campus political activities, preparing for a career, using drugs and making decisions. The subject describes each activity by circling those adjectives appropriate to it; then he rates all 10 activities on a 7-point scale, indicating how much he likes them. Evaluative centrality is assessed as the mean proportion of circled adjectives which are a priori evaluative. (Ambivalence is measured with an index, bounded by 0.00 and 1.00 representing the degree to which a large number of desirable and undesirable adjectives are circled to describe the same activity. Affective-evaluative consistency is measured with an index ranging from -1.00 to +1.00, indicating the degree to which a large number of desirable and undesirable adjectives are circled to describe the same activity.) Affective-evaluative consistency is measured with an index ranging from -1.00 to +1.00, indicating the degree to which liked activities are assigned undesirable characteristics. The dimensionality property is measured by the degree to which 36 pairs of adjectives are used independently in the 10 descriptions. The author has also written a computer program to score this instrument's four structural properties. Additional information, reprints, correlational analysis data, computer scoring description, and a copy of each instrument are available from the first author.

COLLEGE SATISFACTION INDEX
Minneaspolis, University of Minnesota, 1949.

Roy, Howard L., 404 Mississippi Avenue, Silver Spring, MD 20910

The College Satisfaction Index is an instrument designed to assess individual differences in degree of satisfaction with various types of college experiences. The instrument consists of 27 questions, three each for nine different topics. The nine topics are satisfaction with curriculum, instructors, social life on campus, professional counseling, faculty advising, opportunities for cultural development, health service, living quarters, and college in general. Each of the questions is rated on a 7-point scale but the scales vary from question to question. The development of the instrument is described in Gamelon, F. G. Intercollege comparisons of student satisfaction with college life. Doctoral dissertation, University of Minnesota, Minneapolis, 1953. The College Satisfaction Index is a paper and pencil test requiring from 5 to 10 minutes to complete; scoring requires about 30 seconds. A copy of the instrument is available from Ralph F. Berdie, Office of Admissions and Records, Morrill Hall, University of Minnesota, Minneapolis, Minnesota 55455.

DESCRIPTION OF SCHOOL ACTIVITIES ON SPECIFIED CHARACTERISTICS
Boulder, University of Colorado, 1970.

Scott, William A., & Brush, Ruth E., Department of Psychology, University of Colorado, Boulder, CO 80302

The Description of School Activities on Specified Characteristics (DSC) is one of 11 instruments developed by the author to measure the school domain of cognition. The other 10 instruments are Listing and Grouping, Rating I and II, Grouping, Checklist Description, Most Similar Pairs, Open Description and Rating, Open Comparison of School Activities, Checklist Comparison of School Activities, Similarity of Paired School Activities, and Homogenizing Sets. For each of the instruments mentioned, the author has created similar instruments that measure other cognitive domains such as nations, celebrities, self, acquaintances, family and occupation. To date, some of these instruments have been used to measure cognition of high school students and their parents, psychiatric patients, community mental health center clients, and college students in the United States, New Zealand and Japan. The DSC measures the articulation property of the school domain, that is, the number of distinctions among activities that the person makes on an attribute. For this instrument, the subject is asked to describe each of 10 school activities in terms of seven attributes, relevance, difficulty, frequency, skill, time required, interest, and competitiveness. The activities under consideration include studying, taking essay exams, participating in class discussions, writing papers, making friends, talking with other students, meeting parents' expectations, and making decisions. The instrument is scored by tallying the number of ways the subject described the activities in relation to each characteristic. Additional information and a copy of each instrument are available from the author.

GROUPING OF ACTIVITIES
Boulder, University of Colorado, 1970.

Scott, William A., & Brush, Ruth E., Department of Psychology, University of Colorado, Boulder, CO 80302

The Grouping of Activities (GOA), a title supplied by the abstractor, is one of eight instruments developed by the author to measure the structural properties of a single cognitive domain: "School." The other seven instruments are Listing and Grouping, Rating I and II, Description on Special Characteristics, Checklist Description, Most Similar Pairs, Open Description and Rating, and Homogenizing Sets. The author has also developed similar instruments for measuring other cognitive domains such as nations, celebrities, self, acquaintances, family, and occupation. To date, these instruments have been used in assessing the degree of personal maladjustment of college students and schizophrenic patients. The GOA measures four structural properties of the school domain, dimensionality, affective-evaluative consistency, attribute articulation, and affective balance. A set of 30 activities appear on the first page of the instrument. Sample activities include attending class, studying alone, smoking pot, using drugs, making friends, talking with professors, meeting expectations of parents, and having sexual freedom. The subject is asked to group the activities according to each of 10 attributes, enjoyment, contribution to his education, personal value, challenge, discomfort, satisfaction, assistance with the organization of his life, involvement, giving him a sense of unity with others, and frequency of performance. The subject is instructed to make as many groups as he needs to include all of the activities. Dimensionality is measured by an index, ranging from 1 to 10, representing the number of independent information dimensions yielded by the subject's grouping system over the 10 attributes. Attribute articulation is measured by the number of groups formed by the subject on the particular attribute. Affective balance for any particular attribute is measured by the variance in mean liking for activities among the groups. Affective-evaluative consistency is measured as the mean correlation between liking for the activities and the order in which they are grouped on evaluative attributes. A computer program has been written by the author for scoring this instrument. Additional information, reprints, computer program description, and a copy of each instrument are available from the author.

HOMOGENIZING SETS OF ACTIVITIES
Boulder, University of Colorado, 1970.

Scott, William A., & Brush, Ruth E., Department of Psychology, University of Colorado, Boulder, CO 80302

The Homogenizing Sets of Activities (HSA, a title supplied by the abstractor) is one of 11 instruments developed by the author to measure the school domain of cognition. The other 10 instruments are identified as Listing and Grouping, Rating I and II, Description on Specified Characteristics, Grouping, Checklist Description, Most Similar Pairs, Similarity of Paired School Activities, Open Comparison of School Activities, Checklist Comparison of School Activities, and Open Description and Rating. For each instrument mentioned, the author has created similar instruments that measure other cognitive domains such as nations, celebrities, self, acquaintances, family, and occupation. Some of these instruments have been used to assess conditions of college students, high school students, psychiatric patients, and mental health center clients. In the HSA, 10 groups of activities are presented to the subject. The subject is asked to cross out any activities from each group that do not belong with the rest of the group and then state the reasons why the remaining activities belong together. In addition, the subjects are asked to rate each activity. Sample activities included attending cultural programs, participating in protests, making decisions, using drugs, dating, doing volunteer work, participating in athletic activities, drinking beer, and studying for exams. The HSA measures only the balance property of the school domain which is the degree to which activities seen by the subject as belonging together are similarly liked or disliked. A balance score is computed from the variances in liking of activities within groups, in relation to the variance among mean liking scores for the several groups formed. A computerized program has been written by the author for scoring this instrument. Additional information, correlational analysis data, reprints, computer scoring description and a copy of each instrument are available from the first author.

INVENTORY OF COLLEGE EXPERIENCES
Minneapolis, University of Minnesota, 1970.

Berdie, Ralph F., Office of Admissions and Records, Morrill Hall, University of Minnesota, Minneapolis, MN 55455

The Inventory of College Experiences is a questionnaire for college students designed to provide relevant information in the development of new and evaluation of old college curricula and services. The development of the inventory is described in Berdie, R. F. (Higher education as experience: The behavior of university students. University of Minnesota Research Bulletin of the Office of the Dean of Students, 1970.) The instrument contains various sets of items such as personal history, curricula satisfaction, and reading and recreation preferences. It is a self-administered, paper and pencil test which takes about one hour to complete. Normative data and a copy of the instrument are available from the author.

LEARNING STRATEGIES QUESTIONNAIRE
East Lansing, Michigan State University, 1970.

Kagan, Norman, Krathwohl, D., Schauble, P., & Hervey, S., College of Education, Michigan State University, East Lansing, MI 48823

The Learning Strategies Questionnaire is designed to measure tendencies toward either "scanning" or "focusing" strategies in studying and learning habits. It consists of 41 statements which the examinee may rate on a scale of one to five according to how they apply to his study and learning habits. A person who employs a scanning strategy is described as one who reads for general points and uses details only rarely to add information as needed; in listening to a lecture, concentrates on the speaker's purpose and main points; takes notes in outline form emphasizing topics; makes a conscious effort to understand the "broad picture." A person who focuses is described as one who, in reading, looks for important details from which to get the general points; in listening to a lecture concentrates on learning most everything being said; takes notes in order to remember details; makes a conscious effort to learn facts and their meaning. Some sample items are: "When studying for an essay test, I concentrate on learning details -- facts, examples, etc."; "In first reading an assignment, I go through it thoroughly, reading every paragraph"; "An important part of my studying is analyzing and reflecting upon the material in my courses." To score the questionnaire, a score of "1" is given for every "focusing" response. A high score indicates a tendency toward a focusing strategy, and a low score indicates a tendency toward a scanning strategy. The questionnaire has been used primarily with college students. In a sample of Michigan State University freshmen, the mean score was 17.13, and the standard deviation score was 4.94. More information and a copy of the instrument are available from the author.

LIFE CHANGE INVENTORY

Psychosomatic Medicine, 1969, 31, 37-44.

Jacobs, Martin A., Boston University School of Medicine, 80 East Concord Street, Room 403, Boston, MA 02118

The Life Change Inventory is an instrument designed to collect information on the types of experiences which have occurred in an individual's life in the past year. The instrument is intended for use with college aged subjects. The inventory consists of 47 one-sentence items covering a variety of possible experiences for the college aged student. The subject is required to respond with a check mark next to those items which have occurred during the past year. Sample items are: "You were attacked for your beliefs by your peers"; "Your widowed parent remarried"; "A sibling was seriously injured in an accident"; "You lost your scholarship and might be unable to continue in college because of financial difficulty"; "You broke up with the girl you were planning to marry"; "You joined a protest movement." The instrument is self-administered and requires approximately 10 minutes to complete. A copy of the instrument is available from the author.

LISTING AND GROUPING OF ACTIVITIES

Boulder, University of Colorado, 1970.

Scott, William A., & Brush, Ruth E., Department of Psychology, University of Colorado, Boulder, CO 80302

The Listing and Grouping of Activities Scale (abstractor's title) is one of eight instruments developed by the author to measure the school domain of cognition. The other seven instruments are the Open Description and Rating, Description on Specified Characteristics, Grouping, Checklist Description, Most Similar Pairs, Rating I and II, and Homogenizing Sets. The author has developed similar instruments that measure other cognitive domains such as nations, self- acquaintances, celebrities, occupation, and family. To date, these instruments have been used to assess the maladjustment of college students and schizophrenics. The Listing and Grouping of Activities Scale measures two structural properties of the school domain, dimensionality, and cognitive balance. The subject is required to list 20 activities in as many ways as possible. Then, the subject rates how much he likes each activity on the lists. A computerized scoring procedure yields five measures of differentiation and two measures of cognitive balance. The five measures of differentiation are: 1) The number of different group combinations; 2) An index of dispersion of activities over the several group combinations; 3) The number of information categories contained in S's classification system; 4) Index of the information-yield relative to the maximum amount possible with given number of activities; 5) An alternative index of the number of information categories contained in the classification. The two indices of balance are Bal 1, the mean balance score over all groups formed by the subject and Bal 2, the variance among mean liking scores for the groups formed. Additional information, reprints, correlational analysis data, computer scoring descriptions, and the copy of each instrument are available from the author.

MILWAUKEE ACADEMIC INTEREST INVENTORY

Development of predictive academic interest inventory. Journal of Counseling Psychology, 1963, 10(1), 41-46.

Baggaley, Andrew R., 3700 Walnut Street, Philadelphia, PA 19104

The Milwaukee Academic Interest Inventory (MAII) is a self-report instrument designed to measure academic interests. It is intended for use with male and female college freshmen and sophomores and college-bound high school seniors to provide a basis for counseling regarding field of concentration. The MAII contains 150 true-false-undecided items. A sample item is: "I like to work crossword puzzles." The MAII items were constructed to reflect topics involved in particular academic fields. These items were given to entering university freshmen in two successive years; the second administration was for cross-validation and norms development. Two and a half years later, 313 students still at the university from the first sample of 858 were separated into their fields of concentration, and inventory items were grouped into six variables each of which significantly distinguished different curricular fields. A factor analysis, undertaken for construct validation of the variables, suggested two new interest variables. The MAII can be self-administered. Reliability and validity data are available in the source document. To date, the major application of the instrument has been in curriculum counseling. For additional information, see Baggaley, A. R., & Campbell, J. P. Multiple-discriminant analysis of academic curricula by interest and aptitude variables. Journal of Educational Measurement, 1967, 4(3), 143-149, and Baggaley, A. R. Congruent validity of the Milwaukee academic interest inventory. Educational and Psychological Measurement, 1968, 28(4), 1207-1211. A copy of the instrument is available from the author or from Western Psychological Services, 12031 Wilshire Boulevard, Los Angeles, CA 90025.

MOST SIMILAR PAIRS OF ACTIVITIES

Boulder, University of Colorado, 1970.

Scott, William A., & Brush, Ruth E., Department of Psychology, University of Colorado, Boulder, CO 80302

The Most Similar Pairs of Activities (abstractor's title) is one of 11 instruments developed by the author to measure the school domain of cognition. The other 10 instruments are identified as Homogenizing Sets of Activities, Listing and Grouping of Activities, Rating of Activities, Description of Specified Characteristics, Checklist Description of Activities, Open Comparison of School Activities, Checklist Comparison of School Activities, Similarity of Paired Activities, Grouping of Activities, and Open Description and Rating of Activities. For each of the instruments mentioned, the author has created similar instruments that measure other cognitive domains such as nations, celebrities, self, acquaintances, family and occupation. To date, some of these instruments have been used in the assessment of maladjustment cognitions of psychiatric patients, community mental health center clients, high school students and their parents, and college students in the United States, New Zealand, and Japan. The Most Similar Pairs of Activities instrument measures the affective balance of the school domain, which is the degree to which school activities seen by the subject as belonging together are similarly liked or disliked. In this instrument, the subject is asked to pick out three pairs of two activities from a list of 20 activities, which he feels are similar. He is then asked to state the principal similarities between the two activities in each pair. The subject then picks out three pairs of two activities that he considers as different and states the principal differences between them. Afterwards, the subject rates each activity on a 7-point scale, indicating how much he likes or dislikes each activity ranging from "dislike very much" to "like very much." The balance score is computed as the sum of the squared differences in liking for the three most similar pairs, all divided by the maximum sum of squared differences, given the subject's distribution of liking ratings. Additional information, reprints, and a copy of each of the instruments are available from the first author.

OPEN DESCRIPTION AND RATING OF ACTIVITIES

Boulder, University of Colorado, 1970.

Scott, William A., & Brush, Ruth E., Department of Psychology, University of Colorado, Boulder, CO 80302

The Open Description and Rating of Activities (ODRA), a title supplied by the abstractor, is one of eight instruments developed by the author to measure the school domain of cognition. The other seven instruments are the Listing and Grouping, Description of Specified Characteristics, Grouping, Checklist Description, Most Similar Pairs, Rating I and II, and Homogenizing Sets. The author has created similar instruments that measure the nation domain, celebrities domain, self, acquaintances, family and occupations domain of cognition. To date, these instruments have been used to assess the degree of maladjustment in college students and schizophrenic patients. The ODRA measures four structural properties of the school domain: 1) Dimensionality, the number of independent information dimensions provided by the set of attributes which the person applies to activities within the domain; 2) Evaluative centrality, the extent to which the subject conceives activities in evaluative terms; 3) Affective-evaluative consistency, the degree to which liking of activities within the domain correlates with ratings of them on evaluative attributes; and 4) Ambivalence, the degree to which an activity in the domain is defined by both desirable and undesirable characteristics. In this instrument, the subject is asked to consider his usual actions, feelings or thoughts in relation to each of 10 activities, studying, talking with professors, living in dorm, taking exams, taking required courses, receiving grades, meeting deadlines, reading the campus newspaper, participating in campus organizations and talking with other students. The instrument provides 12 lines following each activity for the subject's response. In addition, each phrase is rated on a 7-point scale from "very unpleasant reaction" to "very pleasant reaction." Evaluative centrality is measured as the mean deviation from the evaluative scale midpoint (4), averaged over all objects and attributes, divided by the maximum mean deviation possible. Ambivalence is measured with an index, bounded by 0.00 and 1.00, indicating the difference between desirable and undesirable descriptions. Affective-evaluative consistency is measured with an index ranging from +1.00 to -1.00, indicating the degree to which like activities are assigned desirable characteristics and disliked activities are assigned undesirable characteristics. Dimensionality is measured as the mean number of descriptors assigned to the 10 activities. A computer program for scoring this instrument has been written by the author. Additional information, reprints, correlational analysis data, computer scoring description and a copy of each instrument are available from the author.

RATING OF ACTIVITIES SCALE

Boulder, University of Colorado, 1970

Scott, William A., & Brush, Ruth E., Department of Psychology, University of Colorado, Boulder, CO 80302

The Rating of Activities Scale (RAS), a title supplied by the abstractor, is one of eight instruments developed by the author to measure the structural properties of a single cognitive domain: "School." The other seven instruments are Listing and Grouping, Description on Specified Characteristics, Grouping, Checklist Description, Most Similar Pairs, Open Description and Rating, and Homogenizing Sets. The author has created similar instruments that measure other cognitive domains, such as nations, celebrities, self, acquaintances, family, and occupation. These instruments, to date, have been used in assessing the degree of maladjustment of college students and schizophrenic patients. The RAS measures five structural properties of the school domain, dimensionality, attribute articulation, evaluative centrality, ambivalence, and affective-evaluative consistency. A set of 20 activities appears in the instrument. The subject rates each activity by checking each of 10 bipolar attributes on a 7-point scale. The activities evaluated include listening to lectures, taking required courses, taking elective courses, taking laboratory classes, participating in class discussions, receiving grades, being taught by professors, using library, and writing papers. The 10 bipolar attributes are "pleasant-unpleasant," "easy-difficult," "important-unimportant," "allows freedom-restrictive," "leisurely-hurried," "challenging-not challenging," "personal-impersonal," "simple-complex," "educational-unenlightening," and "usual-unusual." Dimensionality is measured as the number of independent dimensions worth of information yielded by the subject's rating system. Attribute articulation is measured by an index, ranging from "1" to "7," representing the degree to which subjects use all seven categories consistently. Evaluative centrality is measured by the mean deviation from the scale midpoint of the ratings on those attributes designated a priori as evaluative. Ambivalence is measured with an index bounded by 0.00 and 1.00, which represents the difference between desirable and undesirable descriptions. Affective-evaluative consistency is measured as the mean correlation computed over the 20 activities, between subject's liking for the activities and his rating of them on evaluative attributes. A computer program is available for scoring this instrument. Additional information, correlational analysis data, computer program description, and a copy of each instrument are available from the first author.

SELF-ACTIVITY INVENTORY
Adaptability-screening of flying personnel: Development of a self-concept inventory. Report Number 56-52, U. S. A. F., Randolph Air Force Base, TX.

Worchel, P., Department of Psychology, University of Texas, Austin, TX 78712

The Self-Activity Inventory was developed to predict maladjustment among cadets in military situations. The discrepancy between the self and ideal self-ratings is taken as an index of adjustment or maladjustment. Factor analysis of the inventory is described in Schludermann, S., & Schludermann, E. A methodological note on a self-concept inventory. Journal of Psychology, 1969, 71, 259-260; and Schludermann, S., & Schludermann, E. A note on the use of discrepancy scores in a self-concept inventory. Journal of Psychology, 1969, 72, 33-34. The inventory consists of 54 items to be rated on a 5-point scale ranging from "never" to "very often." The items are rated for both the self and the ideal self. A sample item is: "I am a person who (never, seldom, sometimes, often, very often) has difficulty starting to get down to work." The inventory has been used primarily with college students and Air Force cadets. Good test-retest reliabilities for the self and ideal self scores are reported.. More information and a copy of the instrument may be obtained from Shirin Schludermann, Department of Psychology, University of Manitoba, Winnipeg, Canada.

SIMILARITY OF PAIRED SCHOOL ACTIVITIES
Boulder, University of Colorado, 1970.

Scott, William A., & Brush, Ruth E., Department of Psychology, University of Colorado, Boulder, CO 80302

The Similarity of Paired School of Activities instrument (SPA, a titled assigned by the abstractor) is an instrument designed to measure the school domain of cognition. The one structural property of cognition it is measuring is cognitive balance, the degree to which activities seen by the subject as belonging together are similarly liked or disliked. In this instrument, there are 20 pairs of activities. The subject is required to rate each pair on a 3-point scale as to his feelings that the activities had a high, medium, or low degree of similarity. The subject is then required to rate each activity on a 7-point scale according to how much he likes it ranging from "dislike very much" to "like very much." The activities are paired so that each appears twice. The balance scores are computed as the correlation of discrepancy in liking for the paired activities with their similarity ratings, over the 20 pairs. The author has created similar instruments for five other domains of cognition: "Nations"; "Self"; "Family"; "Acquaintances"; and "Societal groups." These instrument have been used to assess cognitions of college students in Boulder, Kyoto, and Wellington. Additional information, correlational analysis data, and a copy of both instruments are available from the first author.

STUDENT DEVIANCY TEST
Norms and individual patterns in student deviancy. Social Problems, 1968, 16(1), 78-92.

Heise, David R., Sociology Department, University of North Carolina, Chapel Hill, NC 27514

The Student Deviancy Test (a title provided by the abstractor) is an instrument designed to measure moral attitudes and behavioral experiences. The instrument is designed primarily for use with male and female college and university students. The test contains 30 deviant behavior situations. A sample deviant act is: "Racing or speeding on a public road." For each behavior, the subject rates himself on a 5-point scale with respect to: a) The number of times he has engaged in the act since the beginning of high school; b) How often he would engage in the act if no punishment were administered; and c) The rightness-wrongness of each act. The instrument has been given anonymously and is self-administered. Normative data and a factor analysis of the Student Deviancy Test are reported in the source document. In research applications of this instrument, it has been found that an appreciable portion of males reportedly have engaged in all of the behaviors rated. Reported rates for females are generally lower than for males. A copy of the instrument is available from the author.

THE STUDENT ORIENTATION SURVEY

Cincinnati, University of Cincinnati, 1963.

Farber, I. E., & Goodstein, L. D., University of Illinois, Box 4348 Psychology, Chicago, IL 60680

The College Activities Survey (DAS) is an instrument devised to measure campus subcultures proposed by Martin Frow (Frow, M. The campus viewed as a subculture. In H. T. Sprague (Ed.), research on college students. Unpublished report, Berkeley, Center for Higher Education, 1960.) These four areas, constituting the CAS subscales are vocational, academic, nonconformist, and collegiate. The Survey consists of 10 items sampling each of the subculture areas, or 40 items. Within each set of 10 items, five items reflect attitudinal manifestations of the subculture, and five items reflect behavioral components of the subculture. Sample items from each of these areas are: 1) "I chose my present major because it offers the kind of training I need to get a good job"; 2) "I don't care as much about my grade in a course as about how much I learn"; 3) "The attitude of the school's administration toward sex is hypocritical"; 4) "The thing I'll remember most about going to college is the fun and good times." Subjects respond to test items by marking either "true" or "false" beside each item. The Survey requires about 15 minutes for completion and is hand scored. The instrument is still in its developmental stages and several forms of the test have been experimented with to date. The first of these, Form A, was administered to 76 undergraduate women. On the basis of preliminary results, the scales were revised to constitute Form B which was administered to 178 male and 242 female undergraduates. Two subsequent revisions resulted in the present form of the Survey, Form D. Normative data using male and female college students were compiled using Form C. Item-total correlations for that administration of the test ranged from .35 to .70, .08 to .76, .98 to .72, and .36 to .72 for the vocational academic, nonconformist, and collegiate subscales respectively. Further information and a copy of the survey may be obtained from L. E. Goodstein, Department of Psychology, University of Cincinnati, OH 45221.

STUDENT PLANNING SURVEY NO. A

Structural supports for upward mobility. *American Sociological Review*, 1963, 28(5), 743-756.

Ellis, Robert A., & Lane, Clayton W., Department of Sociology, University of Georgia, Athens, GA 30601

The Student Planning Survey (SPS) No. A is an instrument designed to measure factors leading up to college experience, including schools attended, reason for going to college, influences toward college, expectations in college, and plans for future. This is the first of several similar instruments that were administered during college years at the University of Oregon to study mobility stress and college success. These self-administering instruments have antecedent versions in the interview format administered at Stanford University. The SPS No. A is intended for use with entering freshmen. It contains 54 items, predominantly multiple-choice. A sample item is: "Were there other highly important reasons for coming to college not included in the list of question 23?" The SPS No. A was extensively pretested for comprehension, lack of ambiguity, and student interest. Responses are made directly on the survey booklet. Reliability and validity date are available from the source document. Social mobility, role stress, and college success are the major variables defined by this and other instruments in the series and these variables are discussed further in the following references. Ellis, R. A., Lane, W. C., & Olesen, V. The index of class position: An improved intercommunity measure of stratification. *American Sociological Review*, 1962, 28, 271-276; Ellis, R. A., & Lane, W. C. Social mobility and career orientation. *Sociology and Social Research*, 1966, 50, 280-296; Ellis, R. A., & Lane, W. C. Social mobility and social isolation: A test of Sorokin's dissociative hypothesis. *American Sociological Review*, 1967, 32, 237-253; Ellis, R. A., Parelius, R. J. & Parelius, A. P. The collegiate scholar: Education for elite status. *Sociology of Education*, 1971, 44, 27-58; Ellis, R. A., & Manderscheid, R. W. A further note on the collegiate scholar: The question of value congruence. *Sociology of Education* (in press). Copies of the instrument are available from the first author.

STUDENT PLANNING SURVEY NO. B

Social mobility and career orientation. *Sociology and Social Research*, 1966, 50(3), 280-296.

Ellis, Robert A. & Lane, W.C., Department of Sociology, University of Georgia, Athens, GA 30601

The Student Planning Survey (SPS) No. B is an instrument designed to measure factors leading up to college, the freshman experience, and perspective at an early point in the freshman year. Items cover courses and activities in high school, college experience, job expectations, family composition and social class, education, occupations, and attitudes toward college by the respondent's father and mother. This is the second of several similar instruments that were administered during college years at the University of Oregon to study mobility stress and college success. These self-administering instrument have antecedent versions in the interview format administered at Stanford University. The SPS No. B contains 158 items in the booklet and 44 more in the colored insert inventory of college experiences. Items are mainly multiple-choice, but some are ratings, and some are completion. A sample item is: "Have you experienced difficulty in making close friends?" (experienced, not experienced, of no concern, slight concern, moderate concern, great concern). The SPS No. B was extensively pretested for comprehension, lack of ambiguity, and student interest. Responses are made directly on the survey booklet. Reliability and validity data are available from the source document. Social mobility, role stress, and college success are the major variables defined by this and other instruments in the series and these variables are discussed further in the following reference: Ellis, R. A., Lane, W. & Olesen, V. The index of class position: An improved intercommunity measure of stratification. *American Sociologic Review*, 1963, 28, 271-276; Ellis, R. A., & Lane, W. C. Structural supports for upward mobility. *American Sociologic Review*, 1963, 28, 743-756; Ellis, R. A., & Lane, W. C. Social mobility and social isolation: A test of Sorokin's dissociative hypothesis. *American Sociological Review* 1967, 32, 237-253; Ellis, R. A., Parelius, R. J., & Parelius, A. P. The collegiate scholar: Education for elite status. *Sociology of Education* 1971, 44, 27-58; Ellis, R. A., & Manderscheid, R. W. A further note on the collegiate scholar: The question of value congruence. *Sociology of Education* (in press). Copies of the instrument are available from the first author.

STUDENT PLANNING SURVEY NO. E

Social mobility and career orientation. *Sociology and Social Research*, 1966, 50(3), 280-296.

Ellis, Robert A., & Lane, W. C., Department of Sociology, University of Georgia, Athens, GA 30601

The Student Planning Survey (SPS) No. E is an instrument designed to measure the experience and perspective of college juniors and seniors regarding their experiences, majors, academic and nonacademic activities, the honors program, friends, living groups, political and social issues, and future occupation or education plans. This is one of several similar instruments that were administered during college years at the University of Oregon to study mobility stress and college success. These self-administering instruments have antecedent versions in the interview format administered at Stanford University. The SPS No. E contains 194 items in the booklet and 44 more in the colored insert inventory of college experiences. Items are mainly multiple-choice, some are ratings, and some are completion. A sample item is: "Compared to the way you were as an entering freshman, would you say you are more outgoing, less outgoing, about the same?" The SPS No. E was extensively pretested for comprehension, lack of ambiguity, and student interest. Responses are made directly on the survey booklet. Reliability and validity data are available from the source document. Social mobility, role stress, and college success are the major variables defined by this and other instrument in the series and these variables are discussed further in the following references: Ellis, R. A., Lane, W. C., & Olesen, V. The index of class position: An improved intercommunity measure of stratification. *American Sociological Review*, 1963, 28, 271-276; Ellis, Robert A., & Lane, W. C. Structural supports for upward mobility. *American Sociological Review*, 1963, 28, 743-756; Ellis, R. A., & Lane, W. C. Social mobility and social isolation: A test of Sorokin dissociative hypothesis. *American Sociological Review*, 1967, 32, 237-253; Ellis, R. A., Parelius, R. J., & Parelius, A. P. The collegiate scholar: Education for elite status. *Sociology of Education*, 1971; 44, 27-58; Ellis, R. A., & Manderscheid, R. W. A further note on the collegiate scholar: The question of value consequence. *Sociology of Education* (in press). Copies of the instruments are available from the first author.

STUDENT PLANNING SURVEY NO. F

Social mobility and career orientation. *Sociology and Social Research*, 1966, 50(3), 280-296.

Ellis, Robert A., & Lane, W. C., Department of Sociology, University of Georgia, Athens Park, GA 30601

The Student Planning Survey (SPS) No. F is an instrument designed to measure the experiences and special activities as a post-senior and the future plans of college students at the end of their post-senior year (fifth undergraduate year). This is one of several similar instruments that were administered during college years at the University of Oregon to study mobility stress and college success. These self-administering instruments have antecedent versions in the interview format administered at Stanford University. The SPS No. F contains 62 items. Items are multiple-choice and completion. A sample item is: "The ideal job would give me social status and prestige" (high, medium, low, no importance). The SPS No. F was extensively pretested for comprehension, lack of ambiguity, and student interest. Responses are made directly on the survey booklet. Reliability and validity data are available from the source document. Social mobility, role stress, and college success are the major variables defined by this and other instruments in the series and these variables are discussed further in the following references: Ellis, R. A., Lane, W. C., & Olesen, V. The index of class position: An improved intercommunity measure of stratification. *American Sociological Review*, 1963, 28, 271-276; Ellis, R. A., & Lane, W. C. Structural supports for upward mobility. *American Sociological Review*, 1963, 28, 743-756; Ellis, R. A., & Lane, W. C. Social mobility and social isolation: A test of Sorokin's dissociative hypothesis. *American Sociological Review*, 1967, 32, 237-253; Ellis, R. A., Parelius, R. & Parelius, A. P. The collegiate scholar: Education for elite status. *Sociology of Education*, 1971, 44, 27-58; Ellis, R. A. & Manderscheid, R. W. A further note on the collegiate scholar: The question of value congruence. *Sociology of Education* (in press). Copies of the instrument are available from the first author.

THE SUINN TEST ANXIETY BEHAVIOR SCALE

The STABS, a measure of test anxiety for behavior therapy: Normative data. Behavior Research and Therapy, 1969, 7, 335-339.

Suinn, Richard M., Department of Psychology, Colorado State University, Fort Collins, CO 80521

The Suinn Test Anxiety Behavior Scale (STABS) is a measure of test taking anxiety. The scale consists of 50 statements describing various testing situations in an academic setting. The respondent rates each question on a 5-point scale ranging from "not at all" to "very much." Some sample items are: "On an essay exam, seeing a question I cannot answer"; "Studying for a final"; "Being called on to answer a question in class by a professor who scares me"; "Seeing the number of questions that need to be answered on the test." The test was standardized on over 230 university students and has a test-retest reliability coefficient of .78 after four weeks. Statistically significant correlations were found with other anxiety scales and grade point average. The STABS is self-administering, can be completed within 30 minutes, and is readily hand scored. Published norms are available for two universities and unpublished norms are available for five other schools. The STABS is intended as a screening measure for test anxiety, particularly for use with desensitization therapy since the items can be used for anxiety hierarchies. Normative data and a copy of the instrument may be found in the source document. The test is also translated into Chinese and distributed by the Rocky Mountain Behavioral Sciences Institute, P. O. Box 1066, Fort Collins, CO 80521.

ACADEMIC SELF-CONCEPT

Elementary school guidance: Demonstration and evaluation. St. Paul. Pupil Personnel Services Section, Minnesota Department of Education, 1972.

Brookover, W. B., no address

The Academic Self-Concept Scale (ASS) is an instrument designed to measure a student's self-concept of his ability. The instrument is intended for use with elementary and high school students and is designed primarily for determining school achievement, as evidenced by self-concept of ability. The ASS contains 10 statements concerning the importance of grades to the student, the student's perception of his ability, and the importance of grades on a competitive basis. Each statement is rated on a 5-point scale ranging from "best" to "worst," or "very important" to "not important." A sample item is: "How good are you in school ability compared with those in your class at school?" The instrument was developed through research with high school classes. The ASS is self-administering and requires approximately 10 minutes for completion. Normative and reliability data are available in the source document and reported by Brookover (1962). To date, the major applications of the instrument have been in high schools and in a guidance research project with fifth graders. See also: Brookover, W. B., Petersen, A., & Sheller, T. Self-concept of ability and scholastic achievement. Cooperative Research Project No. 845, Office of Research and Publications, East Lansing, MI, Michigan State University, 1962. A copy of the instrument is available from G. Dean Miller, Pupil Personnel Services Section, Department of Education, Capitol Square, 550 Cedar Street, St. Paul, MN 55101.

ACHIEVEMENT ATTITUDES TEST

Traits of school achievers from a deprived background. New York: Associated Educational Services, 1967.

Davidson, Helen H., & Greenberg, J. W., 30 La Salle Street, New York, NY 10027

The Achievement Attitudes Test is an instrument designed to obtain some direct expression of a child's values related to school and learning. The instrument was originally used with fifth grade children from lower class Negro populations attending urban ghetto schools, as part of a larger group concerned with differentiating between high and low achievers on some cognitive, affective, motivational, or background dimensions hypothesized to be related to achievement. The Achievement Attitudes Test consists of 24 pairs of statements of the forced choice type. One statement in each pair is assumed to be more highly related to school achievement than the alternative. Items reflect direct academic concern and interest, responsibility for completing work on time and delayed gratification. A sample item is: "I would rather a) get my homework done, b) see a TV program." The child responds by deciding which of the two sentences "tells best how you feel." The instrument is self-administered in a group setting. Each of the 24 items is scored one or zero, the score of one indicating the more positive achievement attitude. Normative data are available in the source document. The document is a 294-page report which includes instructions for administration and scoring, reliability and descriptive data for 20 instruments used in the large scale project. Factor analysis of the Achievement Attitudes Test yielded three major factors which account for 18 percent of the total variance. Split-half reliability of the test is .56. Response set controls for the instrument consists of alternating the position of the positive response. To date the major application of the instrument has been in the authors' study of school achievers from a deprived background. The source document containing a copy of the instrument is available from the publisher, 630 Fifth Avenue, New York, NY 10020.

AML BEHAVIOR RATING SCALE

Interrelations among screening measures for early detection of school dysfunction. *Psychology in the Schools*, 1971, 8(2), 135-139.

Cowen, Emory L., Dorr, Darwin, & Orgel, Arthur R.
Department of Psychology, University of Rochester, Rochester, NY 14627

The AML Behavior Rating Scale (AML) is a scale designed to measure three dimensions of school children's behavior: (A) "Acting out"; (M) "Moodiness"; and (L) "Learning disorders." The instrument contains 11 items and is usually filled out by the classroom teacher. It is very brief and usually takes less than two minutes to complete for each child. The AML consists of acting-out items (e.g., gets into fights or quarrels with other pupils), five moodiness items (e.g., is unhappy or depressed), and one item that reflects learning disabilities (e.g., has difficulty learning). The children are rated on each item according to a 5-point frequency scale ranging from "seldom" or "never," to "all of the time." The theoretical range for the A and M subscales is 5 to 25 and the L subscale is 1 to 5. The total sum score for the AML scale ranges from 11 to 55, where 11 equals no observance of difficulty and 55 equals very frequent observance of difficulties. High AML scorers do significantly poorer than do their peers on a variety of educational and personality measures. The AML is a revision of an earlier scale developed by R. Brownridge & P. Van Vleet (Eds.) *Investments in prevention: The prevention of learning and behavior problems in young children*. San Francisco: Pace Id Center, 1969. Norms have been established for the revised instrument. The authors have carried out research suggesting some validity for this scale. More information and a copy of the scale are available from Darwin Dorr, Psychology Department, Washington University, St. Louis, MO 63130.

THE BEHAVIOR CHECKLIST: ELEMENTARY GRADES
Emotionally handicapped children and the elementary school. Detroit, MI, Wayne University Press, 1966.

Rubin, Eli Z., Simson, C. B., & Betwee, M. C., 17000 East Warren, Detroit, MI 4822[illegible]

The Behavior Checklist: Elementary Grades is an instrument designed as part of a project concerned with the early identification of maladjusted children in elementary school and their placement in remedial education. The purpose of the checklist is to provide a method by which teachers' ratings can be employed to make referrals for problem children. The checklist has also been used as a criterion measure of the effectiveness of special class placement. The checklist is comprised of 39 items. Items describe behaviors previously noted by the teachers in referring children they judged as maladjusted in the classroom situation. Teachers are asked to indicate whether each behavior is typical of each child and, if so, how frequently it occurs. A factor analysis of the ratings on 83 referred children revealed five factors: 1) Disorientation and maladjustment to the environment; 2) Antisocial behavior; 3) Unassertive, overconforming; 4) Infantile or immature behaviors, 5) Irresponsible behavior. Factor scores were correlated with: 1) 100 concurrent clinical, diagnostic measures; 2) Data describing environmental home factors; 3) Background and history information. The correlations which emerged supported the interpreted meanings of the above factors, and their revelance to the special education setting. No reliability data are available. Further information and a copy of the scale may be obtained from the author.

BEHAVIOR PROBLEMS CHECKLIST
Eau Claire County Youth Study, 718 West Clairemont Avenue, Eau Claire, WI 54701.

Thurston, John R., Department of Psychology, Wisconsin State University, Garfield and Park Avenues, Eau Claire, WI 54701

The Behavior Problems Checklist was designed to help teachers nominate children whose behaviors would be considered socially disapproved. It was used in obtaining samples of children whose behavior was judged either socially approved or disapproved for study in Eau Claire County Youth Study research on disruptive school children. Each teacher was asked to indicate on the checklist which of 18 behavior traits were characteristic of each child nominated. These behavior traits are: "Is quarrelsome"; "Is sullen"; "Is rude"; "Is defiant"; "Is resentful"; "Steals"; "Lies"; "Is destructive"; "Disrupts class"; "Is a bully"; "Has temper tantrums"; "Is tardy or absent without excuse"; "Uses profanity or obscenity"; "Fights with other pupils"; and "Is deceptive." The checklist is meant for evaluating third, sixth, ninth graders, and takes 15 to 30 minutes to complete. Its reliability was checked and found satisfactory through interteacher and intrateacher renominations at two week and one year intervals. More information is available from the Eau Claire County Youth Study's Phase III Report, 1965-1968, or from Kough and DeHaan, Quincy Youth Project, Quincy, IL. A copy of the instrument may be obtained from Eau Claire County Youth Study.

CHILD INTERVIEW SCHEDULE
Traits of school achievers from a deprived background. New York: Associated Educational Services, 1967.

Davidson, Helen H., & Greenberg, J. W., 90 La Salle Street, New York, NY 10027

The Child Interview Schedule is an instrument designed to elicit and measure responses from children relating to school, family, interests, and goals. The schedule was developed for use in a large project concerned with differentiating high and low achievers on some cognitive, affective, motivational, or background dimensions hypothesized to be related to school achievement. The sample for which the schedule was designed was fifth grade children from lower class Negro populations attending urban ghetto schools. The child interview schedule consists of 18 items divided into three parts. The first part deals primarily with the child's after school activities and interests plus some information about school subjects. A sample item is: "What do you like to do after school?" Part II deals with the child's views of the educational process and academic goals. A sample item is: "Would you like to go to college?" Part III deals with family relationships and vocational aspirations. A sample item is: "What is the most fun you have with your family?" The interview is administered by a trained psychologist. The responses are content analyzed and coded. Where applicable, responses are scored on an "academic" versus "nonacademic continuum." Appropriate categories are available for scoring responses where the academic-nonacademic dimension is not applicable. Results of the interview scored in the large scale project are reported in the source document; a 294-page manual which also contains instructions for administration and scoring, reliability, and normative data on 20 instruments used in the achievement study of children from deprived backgrounds. To date, the major application of the child interview schedule has been in that project. A copy of the source document which contains the interview schedule is available from the publisher, 630 Fifth Avenue, New York, NY 10020.

CHILD SCALE B: ELEMENTARY GRADES

A childrens' behavior questionnaire for completion by teachers. Journal of Child Psychology and Psychiatry, 1967, 8, 1-11.

Rutter, M., no address

Child Scale B: Elementary Grades is an instrument developed to discriminate between different types of behavioral and emotional disorder, as well as to distinguish between children who show disorder and those who do not. The assessments are made on the basis of teachers' ratings of classroom behavior. The instrument consists of 26 items which cover such behavior areas as: "Motor and affective symptoms"; "Specific conduct problems"; "Behaviors indicating unhappiness"; "Fearfulness and speech difficulties." Sample items from the scale are: "Tells lies"; "Bullies other children"; "Disobedient." For each of the 26 items, the teacher indicates whether the behavior applies or does not apply to the particular child along a 3-point often-seldom scale. The author reports the development of a neurotic and an antisocial subscale allowing the scale not only to differentiate between abnormal and normal children, but between two subclasses of emotional disturbance. The instrument requires 10 to 20 minutes for completion and is easily hand scored. A 2-month test-retest reliability coefficient of .89 is reported. Interrater reliability is reported to be .72. Scores on the scale obtained for a sample of normal nine to 13-year-old children were significantly lower than scores obtained for a group of child participants in a psychiatric clinic. Further information is in the journal reference.

CLINICAL APPRAISAL SCALES

Traits of school achievers from a deprived background. New York: Associated Educational Services, 1967.

Davidson, Helen H., & Greenberg, J. W., 90 La Salle Street, New York, NY 10027

The Clinical Appraisal Scales are designed to provide a clinical integration for each subject of various psychological instruments on several personality dimensions. The scales were developed to integrate several instruments used in a large project designed to differentiate high and low achievers on some cognitive, affective, motivational, or background dimensions hypothesized to be related to school achievements. The project was conducted with a sample of fifth grade children from lower class Negro populations attending urban ghetto schools. The appraisal scales consist of 13, 5-point scales on which a clinician rates personality dimensions. A sample item is: "Amount of hostility" (rated from considerable = five to little = one). In the project for which the scales were devised the following test materials were used for each subject: "Rorschach responses and summary scores"; "The Story Telling protocols"; "Figure and Family drawings and comments about them"; "The Bender"; "Uses for Objects"; "Drawing Completion Task"; "Composition on The Way I am in School"; and "WISC deviation scores" (using the child's own verbal and performance mean scaled scores). Provision is also made on the instrument for such qualitative judgments as the types of needs expressed (e.g., nurturance, achievement, independence), defenses used, modes of response to authority, and probable source of perceptual-motor impairment, if observed. The scales are scored so that a high score on any scale indicates that the child possesses more of that particular trait. Interrater agreement between two psychologists who used the scales in the achievement study is reported to range from .83 to .94. Results of a factor analysis which yielded three major factors are reported in the source document, a 294-page report which also contains scoring and administration instructions, reliability, and descriptive data on 20 instruments used in the authors' study of school achievement in underprivileged children. A copy of the source document is available from the publisher, 630 Fifth Avenue, New York, NY 10020.

COOPERATION-AGGRESSION BEHAVIOR SCALE

University Park, PA, Pennsylvania State University, 1970.

Keat, Donald B., Pennsylvania State University, 323 Social Science Building, University Park, PA 16802

The Cooperation-Aggression Behavior Scale was developed for use in a behavior modification program with preschool age children between the ages of three and five years. The scale is designed to tap the quality and quantity of aggressive and cooperative behaviors in children. The scale consists of 20 descriptions of behaviors. Each individual child is rated by his teacher according to the extent to which the statement is characteristic of the child's behavior. Teachers are asked to base their ratings on personal observation and experience with the child. Ten scale items measure cooperative behavior orientations, and the other 10 measure aggressive orientations. Sample items from the scale are: "Helps other children"; "Disrupts the play of other children." Ratings are made on a 5-point scale comprised of "never"; "rarely" (occurs about once a month); "Occasionally" (occurs once a week); "often (occurs once a day); "very frequently" (occurs several times a day). The scale requires about 10 to 20 minutes for completion and is hand scored. The use and description of the questionnaire is soon to be published in an article submitted to Psychology and Schools. Further information and a copy of the questionnaire may be obtained from the author.

THE EDUCATIONAL ASSESSMENT FORM

From birth to seven. London: Longman, 1972.

Davie, Ronald, Butler, N. R., & Goldstein, H., National Children's Bureau, Adam House, 1 Fitzroy Square, W1P 5AH, England

The Educational Assessment Form is an instrument developed as part of an extensive developmental study, the National Child Development Study, in which all babies born during the week of March 3 to 9, 1958, in England, Scotland, and Wales are the subjects of a longitudinal investigation of the children's physical, educational, and emotional development from birth to maturity. The aims also include gathering normative data (educational, psychological, social, and physical) on a representative, national group of British children at key points in their educational careers and, subsequently, investigating cross-sectional relationships at each follow-up, making regional comparisons and investigating longitudinal relationships, particularly as they throw light on adverse or above average development. In 1965 when the 16,000 children involved were seven years old, over 92 percent of the group was traced and a great deal of information was gathered from schools and parents. A second follow-up study was undertaken at 11 years as part of the attempt to follow the subject's progress to maturity. The first follow-up Educational Assessment Form was employed to tap children's educational development. The questionnaire is divided into three sections. Section A taps characteristics of the school in which the child received elementary level education. Section B contains questions on the nature of the child's classroom abilities and aspects of his behavior. Sample items from the first follow-up Educational Assessment Form designed to assess subjects' educational progress at age seven are: "Since September 1964, have the child's parents taken the initiative to discuss the child with you or any member of your teaching staff?" ; "When the child started at your school [illegible] he/she, a) settle down within a month?, b) settle down within one to three months?, c) remain unsettled after three months?" ; "Poor reader with limited comprehension?" ; "What do you think he/she is likely to achieve academically at secondary school and/or in further education?" ; "In addition to anything the teacher may do, is the child receiving help within the school because of any educational or mental superiority?" A full statistical appendix is available in the source document. Further information, a list of references related to this project, and a copy of both forms of the Educational Assessment Form may be obtained from the author for a small fee.

THE "GUMPGOOKIES"

Factors of motivation in young children: Theoretical and empirical. Educational Perspectives, 1970, 9, 7-11.

Adkins, Dorothy C. & Ballif, Bonnie L., Center for Research in Early Childhood Education, University of Hawaii, 1776 University Avenue, Honolulu, HI 96822

The "Gumpgookies" is an instrument designed as a test of motivation to achieve in school. The instrument is based o five hypothesized components of academic motivation in preschool and elementary aged children, instrumental activity school enjoyment, purposive behavior, self-confidence, and self-evaluation. The instrument is intended for use with children ranging in age three and a half to eight and a half years. It is an objective-projective test containing 75 dichotomous items. In each item, the subject presumably chooses the "gumpgookie" (an amorphous figure) with which he identifies. A sample item is: "This gumpgookie will win some day-This gumpgookie will never win." For children of preschool age the test is individually administered, requiring about 8 to 12 minutes. For first and second-grade children, the authors have used a special form for group administration. It requires about 15 to 20 minutes, depending upon group size. Both individually and group administered tests are hand scored and require about 30 seconds and on minute respectively for scoring. The instrument was developed on the basis of item analyses followed by extensive factor analyses for various age and ethnic/cultural groups. The present test has been correlated with IQ and other tests, with age, and with teacher ratings of children. Age norms, based on 1,588 cases, are available both for total score and for factor scores. Reliability coefficients for the instrument are in the .85 to .92 range. Test-retest reliabi coefficients have ranged from .60 to .65. Correlations between teacher ratings and Gumpgookies scores attest to the validity of the instrument. A list of references relating to the use and development of this instrument is available from the author. Copies of the individual forms of the test are available from the author for $8.50 per copy. A manual, sc key, and sample answer sheet that can be reproduced are provided. Copies of the group form are not currently availabl Publication of a revised edition with a new title is planned for circa 1975. An additional reference is: Adkins, Dorothy Motivation factor scores and response set scores for ten ethnic-cultural groups of preschool children. American Educat Research Journal, 1972, 9(4), 557-572.

THE HEIGHT TEST

Social and personality correlates of children's estimates of heights. Genetic Psychology Monographs, 1964, 70, 97-134.

Shaffer, Juliet P., Department of Psychology, University of Kansas, Lawrence, KA 66044

The Height Test is an instrument designed to measure perceived height in children. The test consists of three parts. In the first part, the children estimate their own height and the heights of other familiar adults such as their mother, father, teacher, principal, etc. Estimates are made in relation to two sticks, set up vertically, one at a time in front of a room Each child receives a booklet that consists of pages with dittoed vertical lines; a portion of each line represents the length of the stick. For each individual being judged, the child is required to mark on a line to show where the top of that person's head would be if he were standing next to the stick. By measuring the distance from the bottom of the lin to the mark, and by solving a simple algebraic equation, a measure of the estimated height of the individual can be obtained. In the second part, a similar procedure is followed in securing measures of the child's estimated self-height in relation to the height of each of the adults in Part II. This is done by letting a portion of a line represent the height of the adult with whom the child is comparing his own height. Part III involves the same type of judgment as Part I relative to a longer stick. Distortions in children's estimates of the heights of themselves and others, e.g., parents, teachers, and other authority figures, are related to variables such as feelings of adequacy, intelligence, and perceived importance of the judged figures. Instructions for administering the test, results of research using the test, and other relevant information are contained in the source document. Copies of the written material are available from the author.

THE KIM-ANDERSON-BASHAW CHILD BEHAVIOR SCALE

Normative and partial validity data for the KAB-CBS. Educational and Psychological Measurement, 1969, 29(4), 927-933.

Anderson, Harry E., Jr., Bashaw, W. L., Kim, Y., & Leton, Donald A., The University of Georgia, College of Education, Department of Educational Psychology, Athens, GA 30601

The Kim-Anderson-Bashaw Child Behavior Scale (KAB-CBS) is an instrument designed to measure maturity in the development of children. The KAB-CBS consists of six items in each of three factors of maturity: "Academic," "Interpersonal," and "Emotional" (18 items in all). A sample item is: "The student is friendly toward other people." The instrument is intended for use primarily with children in the second grade, but the same three factors are obtainable with 4- and 5-year-olds. In the development of the KAB-CBS, two of the item selection criteria were ratings by teachers for each item on the following characteristics: 1) Could the teacher make a valid judgment about the child with regard to the item?; 2) Would a response to the item in any way embarrass the teacher, the child, or his family? The instrument is self-administering; completion time and teacher rating procedures are not specified. Normative, reliability, and validity data as well as a copy of the instrument are available in the source document.

MODIFIED KD PRONENESS SCALE

Eau Claire County Youth Study, 718 West Clairemont Avenue, Eau Claire, WI.

Thurston, John R., Department of Psychology, Wisconsin State University, Garfield and Park Avenues, Eau Claire, WI 54701

The Modified KD Proneness Scale is designed for use with fourth grade school children in discriminating between those exhibiting socially approved and those exhibiting socially disapproved behavior. Children exhibiting disruptive behavior in the classroom are thought to be more prone to delinquency later in life. From Kvaraceus' original KD Proneness Scale of 75 items (Kvaraceus, W. C. KD proneness scale and check list manual of direction (revised). Yonkers-on-Hudson: World Book, 1953), 32 items were retained and were adapted to fourth grade level of reading ability. Each item consists of an incomplete statement followed by four alternatives for its completion which the examinee may choose from. A sample item is: "Taking part in school clubs or plays is, 1) very important, 2) quite important, 3) not very important, 4) very unimportant." The instrument was administered to two samples of children, one characterized by socially disapproved behavior and the other by socially approved behavior. Sample selection was based on nomination by the children's teachers. The degree of agreement between the two samples defined by teacher nomination and the two samples defined by the scale was taken as an indication of the concurrent validity of the adapted items. The scale was originally administered individually by a trained social worker and usually takes 15 to 20 minutes to complete. More information and a copy of the scale may be obtained from the author.

THE MODIFIED RADKE-YARROW TEACHER RATING SCALE

Teacher judgments of high and low adjustment. Journal of Educational Research, 1963, 57(4), 213-216.

Seeman, Julius, Box 21, George Peabody College, Nashville, TN 37203

The Modified Radke-Yarrow Teacher Rating Scale is an instrument designed to provide a measure of child's psychosocial adjustment. The instrument is designed for administration to grade school teachers who evaluate the behavior of their pupils in terms of 20 items reflecting different levels of psychosocial adjustment. The present instrument is a modified version of the original Radke-Yarrow rating scale (Radke-Yarrow, Marian J. The relationship of parental authority to children's behavior and attitudes. Minneapolis: University of Minnesota Press, 1946). The 20 items comprising the scale reflect three adjustment categories, positive adjustment, aggression, and withdrawal. Each item consists of a 5-point scale with scale points designating graded levels of adjustment along some behavioral characteristics. Sample items from the scale are "Opposes adult control" (1) to "Responds to adult control but comfortable acting on his own" (3), "Offers no resistance to adult control and is compliant" (5); "Easily crushed by criticisms" (1), "Sensitive to and aware of criticism" (3), "Insensitive to and little influenced by criticism" (5). Teachers complete the rating forms for each pupil. The instrument requires 10 to 25 minutes for completion per form. In a recent validation study it was found that those items dealing with quality of environmental contact, poise and mood stability, and quality of organization were most successful in discriminating between those students described as "most maladjusted" and "best adjusted" by teachers. Further information and a copy of the scale may be obtained from the author.

OTTAWA SCHOOL BEHAVIOR SURVEY

Interrelations among screening measures for early detection of school dysfunction. Psychology in the Schools, 1971, 8 (2), 135-139.

Cowen, Emory L., Dorr, Darwin, & Orgel, Arthur R., Department of Psychology, University of Rochester, Rochester, NY 14627

The Ottawa School Behavior Survey (OSBS) is an instrument designed to measure aggressive, disruptive, and nervous school behavior of primary grade children. The instrument contains 20 behaviors known to occur with some frequency in primary graders. The behaviors are very specific and operational. Sample behaviors include "Destroys school equipment," "Interrupts teacher," "Runs around the room." The instrument is completed by the teacher or observer of the child. The observer merely checks "yes" or "no" for each characteristic to indicate whether it applies. The total score is the sum of the "yes" checks received. The range of scores stretches from 0 to 20. The higher the score, the greater the indication of maladaptive behavior. The scale can be completed in only two minutes for each child. Additional information concerning this instrument may be found in Pimm, J., & McClure, G. Behavior observations of grade one pupils, Ottawa, Canada: Ottawa City School District, 1966. A copy of this report and the instrument may be obtained from the first author.

THE PEER NOMINATION INVENTORY: AN EMPIRICALLY DERIVED SOCIOMETRIC MEASURE OF ADJUSTMENT IN PREADOLESCEN BOYS.

Psychological Reports, 1961, Monographs supplement, 5-19.

Wiggins, Jerry S., & Winder, C. L., Department of Psychology, University of Illinois, Champagne, IL 61820

The Peer Nomination Inventory (PNI) is an instrument designed to measure adjustment in children. The PNI is intended for use with preadolescent (8 to 12 years old), boys attending public schools and has been revised for use with preadolescent girls. It is designed primarily for use as a screening device for the early identification of social maladjustment in children and as a criterion measure against which to assess the effects of programs of behavior modification on individual children. This sociometric test consists of an item by peer matrix in which descriptive statements appear as rows and boys names as columns. Scales measuring aggression, dependency withdrawal, depression, contain 12 items each, and a likability scale contains eight. A sample item on the dependency scale is: "He wants everything done for him." Scales factorially derived from the PNI are labeled hostility, attention getting, crying, and social isolation. The PNI was developed by: "Conducting tape recorded interviews with pre-adolescent boys to sample their natural peer description language"; "Classifying verbatim statements into preliminary forms"; and "Performing item analyses to determine internal consistency difficulty level, and concurrent validity." The PNI may be administered to a classroom during a single class period. Scoring is of a clerical tabulating nature and takes approximately five minutes per test. Reliability, validity and factor analytic data are available in the source document. Controls for rater bias consist of a likability scale and the format of the PNI. See also: Ferguson, L. R., & Maccoby, E. E. Interpersonal correlates of differential abilities. Child Development, 1966, 37, 549-571; Ross, A. D., Lacey, H. M., & Parton, D. A. The Development of a Behavior Checklis for boys. Child Development, 1965, 36, 1013-1027.

PITTSBURGH ADJUSTMENT SURVEY SCALE-MALES

The development of a behavior checklist for boys. Child Development, 1965, 36(4), 1013-1027.

Ross, Alan O., Lacey, Harvey M., & Parton, David A., Department of Psychology, State University of New York, Stony Brook, NY 11790

The Pittsburgh Adjustment Survey Scale-Males is an instrument designed to measure classroom behavior in boys. The instrument is intended for use with teachers of the subjects and is designed primarily to serve as an instrument for the objective evaluation of social behavior. The scale consists of 96 items, and the teacher is asked to answer "yes" or "no" to each. Sample items are: "He hits and pushes other children"; "He works well by himself" "He will not ask questions even when he doesn't know how to do the work"; "He acts in a 'dare devil,' fearless manner"; "He becomes embarrassed quite easily"; "He is popular with his classmates." The instrument was developed through investigations into maladaptive behavior inventories. The instrument is self-administered. Split-half and test-retest reliability data are reported in the source document. Factor analysis resulted in four factors to be analyzed: "Aggressive behavior"; "Withdrawn behavior"; "Prosocial behavior"; "Passive-aggressive behavior." A copy of the instrument and the source document can be obtained from the author.

THE PUPIL CLASSROOM BEHAVIOR SCALE: ELEMENTARY TO HIGH SCHOOL GRADES

Technical manual: Pupil classroom behavior scale. College Park, University of Maryland Research Center of the Interprofessional Research Commission on Pupil Personnel Services, 1967.

Dayton, C. Mitchell, College of Education, University of Maryland, College Park, MD 20742

The Pupil Classroom Behavior Scale: Elementary and High School Grades was developed as a criterion measure of the effectiveness of various procedures for providing educational services to elementary school children. The scale thus provides a means of assessing the academic and (implicitly) the emotional adjustment of elementary school students to classroom demands. The scale consists of 24 items. The scale was developed by adding 16 new items to a previous 8-item scale developed by Bower and Lambert as a psychiatric screening device (Bower, E. M., & Lambert, N. M. *Teachers manual for inschool screening of emotionally handicapped children*. Princeton, NJ: Educational Testing Service, 1961). Sample items from the scale are: "Uses available school time inefficiently"; "Hands in inaccurate or inadequate written work because he does not review or check work." For each item, the teacher rates the frequency with which the behavior occurs in terms of a graded frequency scale. The ratings of 109 teachers who evaluated 3,138 second through sixth graders were factor analyzed and three factors emerged: 1) Achievement orientation; 2) Socioacademically creative; and 3) Sociocooperative. High split-half reliability coefficients are reported, and 8-month test-retest coefficients are reported to be within the .60 to .70 range. Factor scores were found to correlate with standardized achievement tests, with coefficients ranging from .54 to .65. The author suggests that the scale does not suitably describe individual children and recommends the scale for use only when a comparison of group changes as the result of some intervening program is under investigation. Further information and a copy of the scale may be obtained from the author.

THE PUPIL MALADJUSTMENT BEHAVIOR CHECKLIST: ELEMENTARY GRADES

Identifying and describing emotionally troubled pupils: Development of a classroom adjustment checklist. Paper presented at the American Association of Psychiatric Clinics for Children, Washington, DC, 1967

Deitcher, Samuel, Kelly, J.A., D'Antonio, M., Rhoades, W., & Newcomer, P., 337 David Drive, Havertown, PA 19033

The Pupil Maladjustment Behavior Checklist: Elementary Grades is an instrument designed to allow school personnel to identify and describe emotionally disturbed elementary school children. The focus of checklist items is not on clinical symptoms but on evidence of failure in social adaptation to the classroom situation. The instrument consists of 31 items tapping five areas of problem classroom behavior: 1) Attention; 2) Task completion; 3) Response to stress; 4) Relationship to teacher as a helping agent; 5) Relationship to peers. The child's teacher is asked to rate the child on each item on a scale representing the degree to which the particular behavior occurs consistently and interferes significantly with classroom adjustment. The instrument requires about 15 to 30 minutes for completion. Sixty-nine elementary school teachers rated three children after observing their classroom behavior on film. The intercorrelation between ratings for total checklist scores was .55. Correlations in each of the adjustment areas ranged from .09 to .63 with a median coefficient of .45. Odd-even reliability for the scale is reported to be .91. Further information and a copy of the scale may be obtained from the author.

SCHOOL ANXIETY QUESTIONNAIRE

The school anxiety questionnaire: Theory, instrument, and summary of results. Palo Alto, American Institute for Research, 1970.

Dunn, James A., & Bergan, John R., American Institutes for Research, P. O. Box 1113, Palo Alto, CA 94302

The School Anxiety Questionnaire (SAQ) is a 5-scale, 105-item multiple-choice questionnaire designed to measure anxiety concerning evaluation (14 items), failure (13 items), achievement (14 items), tests (13 items), and recitation (6 items). In developing the instrument, 150 items expected to cluster around the five a priori factors were administered to 83 fourth and fifth grade public school children. Student responses were factor analyzed and items that had high communalities and loaded well on single factors were retained. These items plus new items written to parallel the obtained factor structure were administered to a new sample of 56 fourth, fifth, and sixth grade children. Those items with high communalities and strong loadings on single factors were retained and the instrument further refined and reduced to 105 items. A sample item is: "How often do you worry that you might do a poor job on your school work?" Subjects respond on a 5-point Likert scale from "frequently" to "seldom" or "a lot" to "not much." A factor analysis based on the responses of 321 children yielded the five expected factors which accounted for 54 percent of the common variance. The balance of the common variance was accounted for by 44 items comprising the Response Bias Adjustment Scale. The SAQ is group administered in two parts to children in their classroom with the teacher absent. Instructions and test items are read aloud by a tape recorder in order to minimize the effects of individual differences in reading ability. Kuder-Richardson reliability coefficients range from .80 for anxiety concerning recitation to .91 for anxiety concerning achievement. Multiple correlations between the SAQ and academic achievement are on the order of .45 while the multiple correlation with IQ as measured by the California Test of Mental Maturity is .28. Norms and validity data are presented in the source document. In research applications of this instrument it has been found that children's school anxiety levels are generally lower in those classes where teachers emit positive reinforcement cues. A copy of the instrument is available from the first author.

SCHOOL ANXIETY SCALE

Elementary school guidance: Demonstration and evaluation. St. Paul, Pupil Personnel Services Section, Minnesota Department of Education, 1972.

Sarason, Seymour B., Davidson, K. S., Lightloll, F. F., Waite, R. R., & Ruebresh, B. K., 295 Crown Street, New Haven, CT 06511

The School Anxiety Scale (SAS) is an instrument designed to measure the anxiety level of students and potential anxiety eliciting experiences. The instrument is intended for use with elementary students and is designed primarily to assess the role anxiety may have in school performance. The instrument may be used to determine the degree to which anxiety producing experiences are debilitating to school performance. The SAS contains 41 questions, student's feelings toward testing situations, homework, the teacher, and previous experiences. The items are to be answered in a true-false style. A sample item is: "When you are in bed at night, do you sometimes worry about how you are going to do in class the next day?" The instrument was developed through research with children by the author. The SAS is self-administering and requires approximately 20 minutes for completion. Normative, reliability, and validity data are available in the source document. To date, the major applications of the instrument have been in research with elementary school children and in a guidance research project. A copy of the instrument is available from G. Dean Miller, Pupil Personnel Services Section, Department of Education, Capitol Square, 550 Cedar Street, St. Paul, MN 55101.

THE SCHOOL BEHAVIOR CHECKLIST

Standardization of modified Pittsburgh adjustment scales. Louisville, University of Louisville, 1968.

Miller, Lovich C., Child Psychiatry Research Center, School of Medicine, University of Louisville, 608 South Jackson Street, Louisville, KY 40202

The School Behavior Checklist (SBCL) was developed in an attempt to modify the Pittsburgh Adjustment Survey (PAS), an instrument designed to obtain teacher ratings of children's deviant behavior (Ross, A. O., Lacey, H. M., & Parton, D. A. The development of a behavior checklist for boys. *Child Development*, 1965, 36, 1013-1027). The modified instrument consists of the original 80 PAS items, 14 learning disability items, and two anxiety items. In addition, the SBCL is intended for use with children of both sexes from ages 7 to 11, while the PAS was designed for use only with boys. From content analysis of the factors derived from SBCL items, seven scales or areas of childhood maladjustment were constructed: 1) Low need achievement; 2) Aggression; 3) Anxiety; 4) Academic disability; 5) Hostile isolation; 6) Extroversion; 7) Total disability. Sample items from these respective areas are: "Distractable"; "Finds it hard to concentrate"; "Does things to get other angry"; "Becomes frightened easily"; "Seems dull"; "Slow to catch on"; "Never sticks up for himself when other children pick on him"; "Prefers to be and play alone." All items were presented in a yes-no format and alternate male-female forms of the BSCL were provided. The SBCL was administered in a test booklet comprised of four sections. For Section I, teachers provided demographic data on children; for Section II, teachers rated children on global emotional adjustment; for Section III, children's general academic level was rated; Section IV consisted of the SBCL items. With the exception of the Hostile Isolation Scale, the split-half and test-retest reliabilities were in the high .70 through .80 range. SBCL scores significantly distinguished between well-adjusted and maladjusted children, as reflected in the high correspondence between total SBCL scores and teachers' ratings of global adjustment. Further information, normative data, and a copy of the SBCL may be obtained from the author.

SCHOOL BEHAVIOR RATING SCALE

Traits of school achievers from a deprived background, New York: Associated Educational Services, 1967.

Davidson, Helen H., & Greenberg, J. W., 90 La Salle Street, New York, NY 10027

The School Behavior Rating Scale is an instrument designed to have teachers rate the frequence of certain specific behaviors that occur in the school setting. The instrument originally was used with fifth grade children from lower class Negro populations attending urban ghetto schools. The scale originally was used as part of a large project designed to provide instruments that differentiate high achievers from low achievers on a large number of background dimensions hypothesized to be related to achievement. The School Behavior Rating Scale consists of 26 statements that describe specific behaviors concerning such dimensions as intellectual curiosity, temperament, work habits, and relationships to others. A sample item is: "Listens and pays attention when required." The child's teacher marks, for each item, the place on a 5-point scale which best describes how the child in question typically behaves. The scaled responses range from "almost always" to "almost never." Each of the 26 items is scored by assigning a value from one to five, the highest score is assigned when "almost always" is checked for behaviors presumed to be positively related to academic achievement and to negative behaviors rated as occurring "almost never." A factor analysis of the instrument yielded three factors which accounted for 53 percent of the variance. Additional information on the factor analysis and normative data are available in the source document, a 294-page report which contains instructions for administration, scoring, reliability and descriptive data on 20 instruments used in the project which studied achievement in children from deprived backgrounds. To date, the School Behavior Rating Scale has been used only in that study. A copy of the source document is available from the publisher, 630 Fifth Avenue, New York, NY 10020.

THE SCHOOL BEHAVIOR SURVEY, FIRST GRADE

A screening device for early detection of emotional disturbances in the public school setting. *Exceptional Children*, 1967, 33, 647-648.

Pimm, June B., & McClure, G., Pimm Consultants Limited, 85 Sparks Street, Ottawa, Ontario, Canada 00078

The School Behavior Survey, First Grade was devised as an early screening device with which to identify emotionally disturbed children in the first grade. The instrument consists of 20 forced choice items developed from the narrative descriptions of 200 primary grade teachers who were asked to describe an emotionally disturbed child in their classroom. These narratives were transformed by a school psychologist, a teacher, and a graduate social psychology student into a 100-item forced choice list from which the 20 items with greatest discriminating power were selected to compare the present scale. The ratings are made by childrens' teachers and require about 10 minutes per scale. A factor analysis of 36 of the original 100 items resulted in the following four factors: 1) Behavioral immaturity; 2) Verbal overactivity; 3) Conduct problems; and 4) Personality problems. The authors used the present scale to identify high and low scorers and followed the progress of these children to the fourth grade, at which time the two groups were found to be significantly different, in the predicted direction, on frequency of referral for special services, and on their fourth grade classroom adjustment ratings. No reliability data has been collected on the scale. An experimental application of the instrument may be found in Zellott, A. W., Liem, G. R., & Cowen, E. L. Relationships among measures of adjustment, sociometric status, and achievement in third graders. *Psychology in the Schools*, 1969, 6, 315-321. Further information and a copy of the scale may be obtained from the author.

SELF-APPRAISAL SCALE

Traits of school achievers from a deprived background, New York: Associated Educational Services, 1967.

Davidson, Helen H., & Greenberg, J. W., 90 La Salle Street, New York, NY 10027

The Self-Appraisal Scale is an instrument designed to measure academic and personal self-concept. The instrument was originally used with fifth grade children from lower class Negro populations attending urban ghetto schools as part of a larger project concerned with differentiating between high and low achievers on some cognitive, affective, motivational, or background dimensions hypothesized to be related to achievement. The Self-Appraisal Scale consists of 24 items each of which is a word or short phrase. The child is instructed to check one of three columns describing the frequency with which the concept fits himself. A sample item is: "I think I am trying my best." The response choices are, "most of the time," "about half the time," and "hardly ever." The instrument was modeled after one that had been used successfully in another study of self-perception in the school situation. The items include learning behaviors and personal and interpersonal qualities. Items were pretested to make certain that they were easily understood by fifth grade children. The instrument is administered by an examiner who reads the instructions aloud while a group of children read their instructions silently. The examiner reads each word and allows time for each child to rate himself. Positive words and phrases are scored three if checked "most of the time," two if in the column "half the time" and one if checked "hardly ever." Scoring is reversed for negative items. The split-half reliability of the test is .77. Normative data and results of a factor analysis are available in the source document, a 294-page report which includes instructions for administration and scoring, reliability and descriptive data for 20 instruments used in the large scale project. Response set controls consist of inter-mixture of both positive and negative descriptions. To date, the major application of the instrument has been in the authors' study of school achievers from a deprived background. A copy of the instrument is available from the publisher, 630 Fifth Avenue, New York, NY 10020.

SOCIOGRAM SCALE

Elementary school guidance: Demonstration and evaluation. St. Paul, Pupil Personnel Services Section, Minnesota Department of Education, 1972.

Sears, Pauline S., 110 Golden Oak Drive, Portola Valley, CA 94026

The Sociogram Scale (SS) is an instrument designed to measure interpersonal relationships of children, specifically in a school environment. The instrument is intended for use with children and is designed primarily to assess the feelings of children toward their peers. The SS enables teachers to plan work groups comprising students who can relate well to one another. The SS contains a list of the names of students in a classroom. For example, if there are 39 students in a classroom, then the instrument lists the names of each student. Each name is rated on a 5-point scale consisting of the following scalar points: 1) "Dislike him or her"; 2) "Would rather not do things with him or her"; 3) Would like to be with him or her once in a while but not often nor for a long time"; 4) "Would like to have him or her in my group, but not as a close friend"; 5) "Would like to have him or her as one of my best friends." The instrument was developed through research among lower elementary schools. The instrument is self-administering and requires 35 minutes for completion. Reliability data are available in the source document. The copy of the instrument is available from G. Dean Miller, Pupil Personnel Services Section, Minnesota Department of Education, Capitol Square, 550 Cedar Street, St. Paul, MN 55101.

TEACHERS BEHAVIOR RATING SCALE

Interrelations among screening measures for early detection of school dysfunction. *Psychology in the Schools*, 1971, 8(2), 135-139.

Cowen, Emory L., Dorr, Darwin, & Orgel, Arthur R., Department of Psychology, University of Rochester, Rochester, NY 14627

The Teachers Behavior Rating Scale (TBRS) is an instrument designed to measure the severity of adjustment problems in young school children. This scale consists of 25 items, each of which lists a behavior that could be considered maladaptive in the classroom. Sample items are: "Withdrawn from classmates or teacher"; "Shows tendency to worry." The teacher rates the child on a 4-point scale for each characteristic: 0) Does not apply; 1) Shows mildly; 2) Shows moderately; 3) Shows very strongly. Scores of individual items are added to yield a total score that ranges from 0 to 75. The higher the score, the more maladaptive the child's behavior is presumed to be. Included with this instrument is a single 5-point scale of overall adjustment (TOR) that ranges from "very well adjusted" (1) to "very poorly adjusted" (5). The TBRS is completed by the teacher for each child in approximately 5 to 10 minutes. The main purpose of the TBRS is to discriminate between adapted and maladapted school children and relates to behavior or adjustment ratings made by mental health professionals, peers and parents. Additional information concerning this scale may be obtained from Cowen, E. L., Zax, M., Izzo, L. D., & Trost, M. A. Prevention of emotional disorders in the school setting: A further investigation. *Journal of Consulting Psychology*, 1966, 30, 381-387. A copy of the instrument is available from the first author.

TEST BEHAVIOR SCHEDULE

Traits of school achievers from a deprived background. New York: Associated Educational Services, 1967.

Davidson, Helen H., & Greenberg, J. W., 90 La Salle Street, New York, NY 10027

The Test Behavior Schedule is an instrument designed to systematize and quantify observations made by examining psychologists of a child's behavior during testing sessions. The instrument was originally used by psychologists who tested a sample of fifth grade children from lower class Negro populations attending urban ghetto schools. As part of a large project designed to differentiate high and low achievers on some cognitive, affective, motivational, or background dimensions hypothesized to be related to school achievement. The test behavior schedule consists of a set of 11 scales which cover dimensions of oral language use, relationship to examiner, and reactions to tasks and materials, as well as the child's attitude toward his own performance. The examining psychologist rates a child's behavior during each testing session on the 11 scales. The scales vary from 2-point scales to 5-point scales. Sample items are: "Grammatical correctness" (rated incorrect = zero to correct = one) and "Amount of talking" (rated from very little = one to overconversational = four). The instrument is scored by taking the average rating on each item across several testing sessions. Reliability is reported as 95 percent agreement between raters on five of the scales, 55 percent to 95 percent agreement on another five of the scales and less than 55 percent agreement on one scale. Normative data are available in the source document, a 294-page report which contains scoring and administration instructions, reliability, and descriptive data on 20 instruments used in the author's study of school achievement in children from deprived backgrounds. To date, the major application of the test behavior schedule has been in that project. A copy of the source document is available from the publisher, 630 Fifth Avenue, New York, NY 10020.

THE WALKER PROBLEM IDENTIFICATION CHECKLIST: FOURTH TO SIXTH GRADES

Construction and validation of a behavior checklist for identification of children with behavior problems. *Dissertation Abstracts*, 1967, 28, 979.

Walker, H. M., no address

The Walker Problem Behavior Identification Checklist: Fourth to Sixth Grades (WPBIC) is an instrument designed to provide a selection technique which may be used by elementary school teachers to identify children with behavior problems requiring referral for psychological evaluation or treatment. The checklist consists of 50 items. Some items are clinical in nature, some are specific to the demands of the classroom, and others deal with behavior outside the classroom. The instrument was developed by asking 30 fourth through sixth grade teachers to describe the behaviors of children exhibiting chronic behavior problems. The 50 most frequently mentioned behaviors were incorporated into the checklist. Twenty-one fourth grade teachers were asked to rate 534 of their students by checking those behaviors most characteristic of each student. Factor analysis resulted in the emergence of five problem behavior areas: 1) Acting out (aggressive or disruptive behaviors); 2) Withdrawal (socially passive or avoidant behaviors); 3) Distractability or poor attentiveness; 4) Disturbed peer relations; 5) Immature behavior. A split-half reliability coefficient of .98 was observed for the checklist. Test-retest coefficients range from .43 to .96. Further information, normative data and a copy of the scale may be obtained from George Spivack, 314 North Broad Street, Philadelphia, PA 19102.

EDUCATIONAL ADJUSTMENT/SECONDARY SCHOOL

HAHNEMANN HIGH SCHOOL BEHAVIOR RATING SCALE: SEVENTH TO TWELFTH GRADES

Hahnemann high school behavior rating scale: manual. Philadelphia, Hahnemann Medical College and Hospital, 1972.

Spivack, George, & Swift, M., 314 North Broad Street, Philadelphia, PA 19102

The Hahnemann High School Behavior Rating Scale: Seventh to Twelfth Grades (HHSB) was developed for the purpose of measuring those overt classroom behaviors among seventh through twelfth graders which reflect pupil's adjustment to classroom demands and academic success. An initial pool of 102 behavioral items were derived from discussions with 26 teachers of normal and emotionally disturbed junior and senior high school students. Using these items, 80 teachers rated 1,554 normal and emotionally disturbed samples. Five of these factors related positively to academic success, reasoning ability, originality, verbal interaction, rapport with teacher, and anxious producer. Eight factors were negatively related to academic success, general anxiety, (verbal) blocking, quiet-withdrawn, poor work habits, lack of intellectual independence, dogmatic-unflexible, verbal negativism, disturbance-restless, and expressed inability (to do work). The HHSB consists of 45 items chosen on the basis of factor loadings to represent the above factors. Teachers are asked to rate the presence of each behavior based upon a subjective norm of how they feel the average normal child of the same sex and age behaves in the classroom. The HHSB requires about eight minutes to complete. Norms for suburban and urban samples are provided on the HHSB scoring profile. Consistent, significant correlations have been observed between HHSB factor scores and teacher grades. Few behavior profile types have been identified and described. No reliability data are available on the HHSB. For further information see: Swift, M. S., & Spivack, G. Academic success and classroom behavior in secondary schools. *Exceptional Children*, 1973, 39, 392-400, and Swift, M. S., & Spivack, G. A method for aiding teachers of the troubled adolescent. *Adolescence*, 1973, 8, 1-16. A copy of the instrument may be obtained from the authors.

HIGH SCHOOL INDEX OF ADJUSTMENT AND VALUES, SELF AND OTHERS

University, University of Alabama, 1951.

Bills, Robert E., P. O. Box 1937, University, AL 35486

The High School Index of Adjustment and Values, Self and Others (HSIAV) is designed to obtain measures of acceptance of self, beliefs about other peoples' acceptance of themselves, and discrepancies between self and ideal self-concepts. There are two forms of the test. In the "Self" form, the subject answers questions pertaining to himself; in the "Others" form, he answers questions as he thinks most of his peers would answer them for themselves. The HSIAV, "Self," is divided into three sections. In Section I, the subject puts each of 35 trait words into the following sentence: "I am a (an) _____ person." Sample words are: "Active"; "Democratic"; "Interesting"; "Obedient"; "Tactful"; "Unselfish." For each usage, the subject rates himself on how much of the time the statement is like him on a 5-point scale from "seldom" to "most of the time." In Section II, the subject uses the same 35 statements and indicates his attitude about the way he has described himself in Section I: "I very much dislike being as I am in this respect"; "I neither dislike being as I am nor like being as I am in this respect"; "I like very much being as I am in this respect." In Section III, the same 35 trait words are used to complete the sentence: "I would like to be a (an) _____ person." The subject rates himself as to how much of the time he would like this trait to be characteristic of him using a 5-point scale from "seldom" to "most of the time." The HSIAV, "Others," is identical in format except that the subject rates the statements as he thinks the average person his age would respond. The instruments require 10 to 20 minutes each to administer and may be group administered. They are hand scored. Test-retest and split-half reliabilities, validity information, and normative data are available in the test manual. Further information and a copy of the instruments may be obtained from the author.

JUNIOR HIGH SCHOOL INDEX OF ADJUSTMENT AND VALUES, SELF AND OTHERS

University, University of Alabama, 1951.

Bills, Robert E., P. O. Box 1937, University, AL 35486

The Junior High School Index of Adjustment and Values, Self and Others (JHIAV), is designed to obtain measures of acceptance of self, beliefs about other people's acceptance of themselves, and discrepancies between self and ideal self-concepts. There are two forms of the test. In the "Self" form the subject answers questions pertaining to himself; in the "Others" form, he answers questions as he thinks his peers would answer them for themselves. The JHIAV, "Self" is divided into three sections. In Section I, the subject puts each of 35 trait words into the following sentence: "I am a (an) _____ person." Sample words are: "Agreeable"; "Brave"; "Obedient"; "Studious"; "Unselfish"; "Useful." For each usage, he is asked to decide how much of the time this statement is like him by checking, "most of the time," "about half of the time," "hardly ever." In Section II, he uses the same 35 statements and indicates how he feels about himself as described by each word in Section I: 1) "I like being as I am in this respect"; 2) "I neither dislike being as I am nor like being as I am in this respect"; 3) "I dislike being as I am in this respect." In Section III, the same 35 trait words are used to complete the following sentence: "I would like to be a (an) _____ person." Then, the subject indicates how much of the time he"would like this to be me," "about half of the time," "hardly ever." The JHIAV, Others, is constructed identically except that the subject rates the statements as he thinks the average person his age would respond. The instruments require 10 to 20 minutes each to administer and may be group administered. They are hand scored. Test-retest and split-half reliabilities, validity information, and normative data are available in the test manual. Further information and a copy of the instruments may be obtained from the author.

LEVEL OF EDUCATION ASPIRATION SCALE

Significant Others, the self-reflexive act and the attitude formation process. American Sociological Review, 1971, 36, 74-87.

Woelfel, Joseph, no address

The Level of Educational Aspiration Scale (LEA) is an instrument designed to measure two dimensions of educational aspirations. The instrument was developed in order to investigate the influence of significant others on the formation of attitudes. The particular attitudes selected for study were occupational and educational goals. The LEA was used specifically for the purpose of measuring how significant others affect the educational and occupational aspirations of 100 high school seniors. The LEA consists of a 2-item scale. One item measures the idealistic dimension of educational aspirations, the other item measures the realistic dimension. These dimensions are measured by asking subjects to respond to two questions: "Supposing you had the necessary abilities, grades, money, etc., how far would you actually expect to go in school?" (ideal); and "Considering your abilities, grades, financial resources, etc., how far do you actually expect to go in school?" (realistic). Both items were preceded by the following response alternatives: "Quit school"; "Finish high school"; "Go to a trade, business, secretarial, or nursing school"; "Go to a college or university" (one that gives courses toward a bachelor's degree); "Get an advanced degree" (masters, Phd, or professional such as law or medicine). The two items were then summed to yield a 10-point educational aspiration scale. Results of the study confirmed the hypothesis that significant others do in fact mediate the communication and incorporation of attitudes, as reflected in the relationship between significant other expectations for subjects, and subjects' reported goals. Further information and a copy of the instrument may be obtained from A. O. Haller, Department of Rural Sociology, University of Wisconsin, Madison, WI 53706.

MINNESOTA GUIDANCE RESEARCH ACADEMIC SELF-ESTIMATE QUESTIONNAIRE

Project Summary: Guidance programs and their impact on students. U. S. Department of Health, Education and Welfare, Minnesota Department of Education, 1965-1968.

Tamminen, Armas W., & Miller, G. Dean, Department of Education, State of Minnesota, 550 Cedar Street, St. Paul, MN 55101

The Minnesota Guidance Research Academic Self-Estimate Questionnaire is an instrument designed to measure students' perception of their relative academic achievement, motivation, and ability in secondary school. The data from the questionnaire are intended for use in a study of the relationship of the extent and kind of guidance efforts expended and certain personal-social attributes of students assumed to be related to guidance efficacy. The instrument is intended for use with secondary school students who attend schools with operative guidance programs. The instrument contains 15 items of the multiple-choice type. Sample items are: "Do you think you have the ability to complete college?" (forced choice answers from "no" to "yes definitely"); "In your schoolwork, do you try to do better than others?" ("never" to "all of the time"). The instrument was developed through a literature study which yielded a set of student variables assumed to be related to the success of guidance programs. The instrument was pretested in a field study and approved by the U. S. Office of Education. The questionnaire is self-administered. Data from a study of 85 public high schools in Minnesota which utilized the questionnaire are available in the source document. To date, the main application of the instrument has been in the Minnesota Guidance Research project. A copy of the instrument is available in the appendix of the source document.

MINNESOTA GUIDANCE RESEARCH ADJECTIVE SCALE

Project Summary: Guidance programs and their impact on students. U. S. Department of Health, Education and Welfare, Minnesota Department of Education, 1965-1968.

Tamminen, Armas W., & Miller, G. Dean, Department of Education, State of Minnesota, 550 Cedar Street, St. Paul, MN 55101

The Minnesota Guidance Research Adjective Scale is an instrument designed to measure variables of adjustment and life values in secondary school students. The information from the adjective scale is intended for use in a study of the relationship of the extent and kinds of guidance efforts expended and certain personal-social attributes of students assumed to be related to guidance efficacy in different environmental situations. The instrument consists of two identical lists of 49 adjectives. The first list is rated in terms of a 5-point scale of frequency which is anchored by: "Seldom am I this kind of person" to "Most of the time I am this kind of person." The second scale ranges on a 5-point continuum from "I very much dislike being the way I am about this" to "I like very much being as I am about this." Sample adjectives are: "Helpful"; "Intellectual"; "Merry"; "Competitive"; "Acceptable"; and "Competent." The instrument is a modification of the Index of Adjustment and Values (Bills, R. E. Manual for the index of adjustment and values. Auburn, AL, 1958). The instrument is self-administered. Data from a study of 85 public high schools in Minnesota which utilized the instrument are available in the source document. To date, the main application of the instrument is in the Minnesota Guidance Research Project. A copy of the instrument is available in the appendix of the source document.

POST-HIGH PLANS QUESTIONNAIRE

Project Summary: *Guidance programs* and their impact on students. U. S. Department of Health, Education and Welfare, Minnesota Department of Education, 1965-1968.

Tamminen, Armas W., & Miller, G. Dean, Department of Education, State of Minnesota, 550 Cedar Street, St. Paul, MN 55101

The Minnesota Guidance Research Post-High Plans Questionnaire is an instrument designed to measure the post-high school plans of students currently attending high school. The information from the instrument is intended for use in a study of the relationship between the extent and kinds of guidance efforts expended in secondary schools and certain variations in personal-social attributes of the students thought to be related to guidance efficacy. The instrument is intended for use with high school seniors who attend high schools with operative guidance programs. The questionnaire consists of only one item: "Would you please indicate your plans for the next year by checking the line below that best describes what you plan to do?" Sample plan statements include: "I plan to get a job"; "I plan to go to college"; "I plan to enter military service." The instrument was developed by the researchers in a study of 85 public high schools' guidance programs in Minnesota as a straight forward procedure to elicit senior students' aspiration level. The instrument is self-administered in about ten minutes. Data obtained in the Minnesota study which utilized the questionnaire are available in the source document. To date, the major application of the questionnaire has been in the Minnesota Guidance Research Project. A copy of the instrument is contained in the appendix of the source document.

PRESSURES FACED BY STUDENTS IN SCHOOL

Urbana, University of Illinois, 1969.

Delaney, Daniel J., 188 Education Building, University of Illinois, Urbana, IL 61801

The Pressures Faced by Students in School inventory is meant to assess the nature and degree of the various pressures facing the adolescent student during school hours. The pressures explored are mainly social and developmental in nature. The inventory consists of 99 statements describing various kinds of pressures likely to face students in school. Some sample items are: "Need to be liked and wanted"; "Acceptance of one's limitations"; "Entrance into adult society"; "Lack of freedom in school confinement." The subject is required to read each statement and place a one in the adjacent blank if the pressure is felt slightly, a two if it is felt moderately, and a three if it is felt severely. He may place a question mark in the adjacent blank if the question is unclear and may add pressures which he feels were not included in the inventory. More information and a copy of the instrument are available from the author.

PRESSURES FACED BY STUDENTS OUTSIDE OF SCHOOL

Urbana, University of Illinois, 1969.

Delaney, Daniel J., 188 Education Building, University of Illinois, Urbana, IL 61801

The Pressure Faced by Students Outside of School inventory is meant to assess the nature and degree of the various pressures facing the adolescent student outside of school hours. The pressures explored are mainly social and developmental in nature. The inventory consists of 94 statements describing various kinds of pressures likely to face students. Some sample items are: "Insecurity at home"; "Developing a balance of dependency and independency in the home, develops and maintains friendships"; "Satisfaction of primary needs"; "Obstacles to creative expression." The subject is required to read each statement and place a one in the adjacent blank if the pressure is felt slightly, a two if it is felt moderately, and a three if it is felt severely. He may place a question mark in the adjacent blank if the question is unclear, and he may list pressures he feels the presence of which were not listed in the inventory. More information is in an article by Delaney, D. J., & Moses, H. A. *Measurement and Evaluation in Guidance*, 1969, 2, 101-109. A copy of the inventory may be obtained from the author.

PUPIL RATING FORM

Amherst, University of Massachusetts, 1971.

Watt, Norman F., Psychology Department, University of Massachusetts, Amherst, MA 01002

The Pupil Rating Form (PRF) is an instrument designed to measure scholastic and social behavior of secondary school pupils. The instrument contains 28, 5-point rating scales, each with two opposite poles. Sample rating scales include: "Controlled-emotional"; "Orderly-careless"; "Insecure-confident"; "Silent-talkative." Each of the 28 scale names is followed by a brief defining verbal description to explain to the rater precisely what is being rated. "Orderly-careless," for example, is described as follows: "Orderly--consistently does neat work, keeps desk area orderly, tends to be a perfectionist--very conscientious about getting work done, careful worker; careless--messy, unconscientious about doing his work, likely to be satisfied with speed rather than neatness and accuracy in school work." The rating of each child is performed by the teacher who knows the child well. The PRF takes approximately 15 to 20 minutes to complete for each child. Each scale is translated into a score from one to five. Normative data are currently being collected by the author. Some validity evidence is available. The PRF has been used to screen large numbers of junior high school children for evidence of social deviation in the classroom. The instrument was derived originally from a coding system for analyzing the content of teacher's written comments in cumulative school records. With appropriate adaptations the Pupil Rating Form still could be used for that purpose. Due to the fact that the instrument is in crude form the author feels it should be used only on an experimental basis.

REVISED REPUTATION TEST

Salem, OR, Bishop Health Center, Willamette University, 1966.

Schwartz, Richard K., Director of Counseling Services, Bishop Health Center, Willamette University, Salem, OR 97301

The Revised Reputation Test (RRT) is a modification of the Lewis Reputation Test (LRT) developed by Lewis, W. W. The construct validation of a reputation test. Unpublished study, George Peabody College for Teachers, 1959. The Lewis Reputation Test in turn, was developed from Tuddenham, R. D. Studies in reputation. Psychological Monograph, 1952, 1, 66. The Revised Reputation Test is an instrument designed to identify the most socially effective, aggressive and withdrawn students from a normal high school classroom setting. The RRT consists of nine questions, each of which is designed to identify a certain type of student. Questions one, four and seven identify socially effective students, questions two, five and eight identify the aggressive students, and questions three, six and nine identify withdrawn students. Sample questions include: "Which students are in a lot of activities and also get elected as class officers, committee chairmen, etc.?"; "Which students get mad the easiest?"; "Which students are bashful and don't like to recite in class?" The respondent is asked to write down the names of the students in his classroom who fit each question. The RRT is appropriate for both male and female students and requires about five minutes to administer. Scoring procedures, reliability discussions, additional information and a copy of the instrument are available from the author.

RICHMOND YOUTH STUDY SURVEY QUESTIONNAIRE

Berkeley, CA, Survey Research Center, 1968.

Wilson, Alan, School of Education, Tolman Hall, University of California at Berkeley, Berkeley, CA 94704

The Richmond Youth Study Survey Questionnaire is an instrument designed to collect information on different experiences that affect a student's life. The instrument is intended for use with junior high and high school students and is designed primarily to facilitate the planning of programs for youth by the Richmond Youth Study. The questionnaire consists of multiple-choice items covering 14 areas including school, teachers, school activities, attendance and discipline, best friends, leisure activities, attitudes and opinions, vocational information, neighborhood, work and income, aspirations and expectations, parents, parents' background, and human relations. A copy of the instrument may be obtained from the author.

THE SELF-CONCEPT AS A LEARNER SCALE

The disadvantaged in an elementary school setting. Springfield, IL, Charles C Thomas, 1967.

Liddle, Gordon P. & Waetjen, Walter B., College of Education, University of Kentucky, Lexington, KY 40506

The Self-Concept as a Learner Scale (SCAL) measures one dimension of the total self-concept -- one's self-conception as a learner in the school context. The instrument is intended for use with pupils in school classroom situations. There are two forms of the scale, one for secondary school pupils and another form for elementary school pupils. The instrument consists of 50 items arranged into four factors or scales: 1) Problem-solving ability, 2) Motivation, 3) Task orientation, 4) Class membership. Sample items from the SCAL are: "I am usually eager to go to class"; "I never ask teachers to explain something again"; "I try to change when I know I'm doing things wrong"; "I would rather do well than poorly in school." Items are rated in terms of five Likert-type response options ranging from "completely true" to "completely false." The instrument was developed by obtaining 400 self-referential items and administering these to a large sample. Factor and item analyses yielded the present 50-item scale. The test is designed to be given to groups of students by a teacher or counselor. The test requires about 20 minutes for completion and about five minutes to hand score. Test-retest reliability coefficients for composite (all scales) SCAL scores in three separate studies were .80, .90, and .90. Normative data, compiled from the responses of 5,000 students are available from the author. The validation of the SCAL is currently under way. Further information and a copy of the SCAL may be obtained from the author.

SELF-CONCEPT DISCREPANCY MEASURE

Bloomington, Indiana University, 1964.

Richardson, Mildred T., Institute for Clinical Training, Devereux Foundation, Devon, PA 19333

The Self-Concept Discrepancy Measure is an instrument designed to record a student's estimate of his mental ability, his deviation IQ, and his eighth grade achievement. All measurements were expressed as stanines. The instrument is intended for use with ninth graders and is designed primarily for screening students for a priority list for counseling, concerning academic and/or emotional problems affecting school adjustment. Also obtained was the teacher's estimate of the student's ability. Discrepancy measures for self-concept were obtained by comparing the student's estimate of his ability compared to his actual ability, the teachers' estimate of the student's ability compared with the student's actual ability, and the student's self-estimate compared with his eighth grade achievement. The author hypothesizes that a minimal discrepancy in a student's self-concept of his intelligence was a mark of his insight into his actual ability and that positive discrepancy represented a student's self-enhancement with respect to his ability, and a negative discrepancy, self-devaluation. A copy of a description of the instrument is available on microfilm at Ann Arbor, MI, under the title Discrepancy Measurements Relating Student Self-Concept of Mental Ability with Mental Health Stability, An Empirical Study of Ninth Graders.

THE SELF-CONCEPT SCALE

The construction of an objective measure of self-concept. Toronto, The Ontario Institute for Studies in Education, 1968.

Gill, Mohindra P., & D'Oyley, Vincent R., Department of Measurement and Evaluation, The Ontario Institute for Studies in Education, 252 Bloor Street West, Toronto 181, Ontario, Canada

The Self-Concept Scale is an instrument designed to assess self-perceptions of high school students. The instrument was developed to investigate self-concept as it relates to academic performance, and for this reason Self-Concept Scale items refer to students' self-perceptions relative to their experiences within the school setting. Two dimensions of self-concept are tapped: "The self as it is now perceived"; and "Perceptions of the ideal self." The instrument consists of two parts each containing 65 statements. Part I taps present self-perceptions; Part II taps ideal self-perceptions. Sample items from Part I are: "I am liked by most of my classmates"; "I feel competent in school work"; "My school work is careless and untidy." Subjects rate each item on a 4-point scale ranging from "This statement never describes me" to "This statement always describes me." For Part II subjects express to what degree they wish to be like the student described in the item. Sample items are: "A student who is ambitious"; "A student who daydreams in class." Subjects rate items in Part II on a 4-point scale ranging from "I would never wish to be like the student described" to "I would always like to be like the student described." An attempt was made to reduce the effects of acquiescence by including some negative statements. Rating of always for positive statements were given a score of four while ratings of always for negative statements were given a score of one. High scores thus reflect positive self-conceptions. The instrument may be completed in about 30 to 35 minutes and scoring is by hand. The scale item pool was developed from a review of the relevant literature. Psychologists, guidance counselors, and a sample of ninth grade students were asked to comment upon the face validity of the items during the scale's construction. The finalized instrument was administered to 782 male and 642 female ninth graders. Eight week test-retest reliability coefficients for the self, and ideal self subscores were .69 and .60 for males, and .60 and .67 for females. Internal consistency coefficients ranged from .89 to .92. The authors present statistical evidence pointing to the practical significance of this scale as a predictor of academic performance. Further information and a copy of the scale may be obtained from the author.

STUDENT QUESTIONNAIRE

Project Summary: Guidance programs and their impact on students. U. S. Department of Health, Education and Welfare; Minnesota Department of Education, 1965-1968.

Tamminen, Armas W., & Miller, G. Dean, Department of Education, State of Minnesota, 550 Cedar Street, St. Paul, MN 55101

The Minnesota Guidance Research Student Questionnaire is an instrument designed to measure personal and social attributes as well as students' perception and evaluation of the guidance programs that exist in their secondary schools. The information from the questionnaire is intended for use as a data source in a study of the relationship between the extent and kind of efforts expended by guidance programs and variations in certain personal-social attributes of students assumed to be related to guidance efficacy in various environmental situations. The instrument is intended for use with students of secondary schools which have viable guidance programs in operation. The instrument contains 26 items of the open-ended, forced choice, and rating scale variety. Sample items are: "Eduation of father" (forced choice in categories); "If you should have the good fortune to be able to realize your greatest ambitions, what would you become or what career or occupation would you follow?" The questionnaire was developed through a literature review which yielded variables theoretically assumed to be related to guidance efficacy. The instrument was pretested in a filed study approved by the U. S. Office of Education. The questionnaire is self-administered. Data from a study of 85 public high schools in Minnesota which utilized the instrument are available in the source document. To date, the major application of the instrument has been in the Minnesota Guidance Research Project. A copy of the instrument is available in the appendix of the source document.

THE STUDENTS' QUESTIONNAIRE

Ann Arbor, University of Michigan, 1972.

Educational Change Team, 512 School of Education, University of Michigan, Ann Arbor, MI 48104

The Students' Questionnaire is an instrument designed to measure a number of variables related to organizational conflict within the high school setting. It was used in 16 high schools in Michigan in the spring of 1971. The questionnaire taps such areas of organizational conflict as: "Students' opinions of teachers and teacher performance"; "Students' trust in teachers"; "Sources of conflict" (e.g., pupil - administration, etc.); and "Sources of influence in policy-making matters" (e.g., students and staff, administrators only, staff and parents, etc.). The instrument also collects the biographic characteristics (e.g., age, sex, race, etc.) of respondents. The questionnaire is printed in a tabloid-sized newspaper format which contains not only the questionnaire items but colorful art work designed to appeal to high school students. The actual questionnaire items are in survey format, requiring the student to select an answer from alternative responses provided. Sample items from the questionnaire are: "How many students at this school are friendly and easy to approach?" (none to almost all of them); "Students can feel free to disagree with their teachers openly" (not at all true to very true); "How often do you feel that black students are left out of clubs activities, cliques, courses because of some form of racism?" (not at all to very much). The Students' Questionnaire requires from 45 minutes to one hour for completion, and scoring is done by means of a specially designed coding procedure. The present form of the questionnaire is accompanied [illegible] Teachers' Questionnaire, an instrument of essentially identical item content but directed to teachers rather than students. Comparisons of students' and teachers' responses provide information regarding the degree to which dimensions of organizational conflict are operating, as well as the areas in which such conflict exists. Further information regarding the instrumont's application to date and a copy of the questionnaire may be obtained from [illegible]s E. Crowfoot, Educational Change Team, 512 School of Education, University of Michigan, Ann Arbor, MI 48104.

TEST ANXIETY SCALE

Effect of anxiety, motivational instructions and failure on serial learning. Journal of Experimental Psychology, 1956, 51, 253-260.

Sarason, Irwin G., Department of Psychology, 134 Guthrie Hall, University of Washington, Seattle, WA 98195

The Test Anxiety Scale is an instrument designed to measure test anxiety. The instrument is intended for use with college and high school students and has been used to make comparisons with measures of academic achievement. The instrument consists of 37 true-false items. Sample items are: "I would be willing to stake my continuance in school on the outcome of a group intelligence test which is known to be reliable"; "I get to feel very panicky when I have to take a surprise exam"; "Even though it serves no useful purpose, I spend a lot of time thinking of ways to avoid taking tests"; "I sometimes feel that my heart is beating very fast during important tests." The instrument was developed as part of a program of research on anxiety. The scale is self-administered. A copy of the instrument is available from the author.

CHARACTERISTICS OF ENVIRONMENTS

THE ADHERENCE TO CHAIN OF COMMAND SCALE

Effectiveness of various management and organization characteristics on employee satisfaction and performance as a function of employee's need for independence. New York, Bernard M. Baruch College, 1969.

Wigdor, Larry, no address

The Adherence to Chain of Command Scale was developed as part of a study investigating the relationship between the effectiveness of various management and organizational characteristics and employee satisfaction and performance. The scale consists of four items tapping the degree to which adherence to chain of command is characteristic of a particular organization as reported by organization employees. The four items are: "How frequently do you receive orders from other than your superior?"; "To what extent is the chain of command bypassed in assigning tasks?"; "To how many superiors are you accountable?"; "How frequently do your receive assignments from outside the chain of command?" Responses are made in terms of 5-point scales with labels and orders that vary from item to item but which generally represent an "always" to "rarely" continuum. Subjects are asked to circle the alternative on each scale that best represents their response to the item. The scale was validated by the author using 18 subjects who reported that three or more persons other than their immediate superior could initiate actions by giving them direct, uncontestable orders, and 22 subjects who reported that two or less persons other than their immediate superior could initiate such action or directions. The scale discriminated between the two groups significantly and in the predicted direction. The scale has demonstrated reliability coefficients of .50 in two samples. Further information and a copy of the scale may be obtained from R. J. House, Faculty of Management Studies, University of Toronto, 246 Bloor Street West, Toronto 181, Ontario, Canada.

THE ADJUSTMENT TO NEIGHBORHOOD SCALE

University Park, University of Denver, 1966

Key, William H., Department of Sociology, University Park, University of Denver, Denver, CO 80210

The Adjustment to Neighborhood Survey is an interview outline designed to assess the attitudes of respondents regarding their neighborhood, its facilities, and its residents. The instrument was developed by Marc Fried for use in a study of relocation in Boston and recently used as part of a study aimed at investigating the longitudinal impact of disaster (specifically, the Topeka tornado) on family cohesiveness residential mobility and neighbor interrelations. The instrument consists of 77 question items for which an interviewer checks the one response alternative which most closely corresponds with the respondent's answer. The instrument requires about 30 to 60 minutes for completion. Sample items from the interview are: "Are there any places you go regularly in the neighborhood?"; "Do you spend time with neighbors?"; "What are the two most important features to look for in choosing a neighborhood?"; "Is it easy or hard for a new person to move into this neighborhood?" The present instrument has been used specifically to investigate the impact of the 1966 Topeka tornado on families residing in that area. Both those families exposed to the tornado and those families not exposed were interviewed so as to assess differences in familial and residential variables as the result of having experienced the disaster. In addition, various income groups were interviewed in order to analyze class differences. Analysis of the data collected is currently under way. Further information and a copy of the interview may be obtained from the author.

THE BARCLAY CLASSROOM CLIMATE INVENTORY

Lexington, University of Kentucky, 1971.

Barclay, James R., Educational Skills Development, Inc., P. O. Box 4091, Lexington, KY 40504

The Barclay Classroom Climate Inventory (BCCI) is designed to measure social interaction and expectation variables for school children in grades three through six. It is intended to contribute to a decision-making system for teams of principals, teachers, and guidance personnel. The BCCI contains 253 items distributed among 42 scales, among them Self-Competencies, Sociometrics, Vocational Awareness, Behavorial Interests or Reinforcers, and Teacher Judgments. An example of a Self-Competency item is "I can run fast." The item is answered by checking off "yes" or "no." Self, peer, and teacher judgments form a multiple input system for analyzing of the classroom climate. The development of the BCCI has involved the testing of 7,000 children and subsequent research to establish reliability, cross-validation, multi-method, multi-trait construct validation, identification of characteristics of reticent and disruptive children, step-wise regressions with achievement scores as dependent variables, comparisons with racial groups and internal analyses of school characteristics. The BCCI is scored by machine and computer analyzed. The output is translated into a full report in language understood by school personnel. Data processing takes approximately two weeks. Normative data are available in a manual obtainable from Educational Skills Development, Inc., Lexington, KY. Reliability and validity data including factor analytic results are reported in the manual. Response set controls were intended by the use of the multi-method approach (self-report, peer judgments, and teacher ratings), by varying the response made, and by analyzing teacher ratings for response bias. To date, the major applications of the BCCI have been in educational decision-making, i.e., formulation of alternate strategies for coping with individual differences. A copy of the BCCI is available from the author.

CLASSIFICATION OF FAMILY ADEQUACY FOR CHILD CARE CHECKLIST

Boston; Harvard University School of Public Health, 1967.

Ekdahl, Miram C., Department of Maternal and Child Care, Harvard University School of Public Health, 55 Shattuck Street, Boston, MA 02115

The Classification of Family Adequacy for Child Care Checklist is an instrument designed to evaluate the nature of the care facilities being provided for children of mentally ill parents. The instrument was developed as part of a study investigating the effects of parental mental illness on the adjustment of the children of disturbed parents. Several indices were used to evaluate the adequacy of the care being given to children, as well as children's adjustment in the school and family setting. The present instrument taps conditions within the areas of housing, caretaking, income, and separation of children in order to evaluate the adequacy of provisions being made for children. The instrument consists of a list of classifications which an evaluating social worker might employ in making judgments regarding the adequacy of the child care being provided. There are 11 classificatory items, each containing several checklist options to describe the existing child care condition. Sample items from the instrument are: "Housing negatives, 1) inadequate housing, 2) recent moves, 3) maintenance uncertain, 4) usual home given up, 5) no own home established, 6) in process of moving"; "Income limitations, 1) wage earner hospitalized, 2) inadequate wages, 3) unemployment, 4) poor management, 5) medical bills, 6) money problems related to current parental illness, 7) continuity uncertain." The findings of the present study are outlined in detail in the source document. Further information and a copy of this instrument may be obtained from the author.

CHECKLIST DESCRIPTION OF NATIONS

Structure of natural cognitions. *Journal of Personality and Social Psychology*, 1969, 12(4), 261-278.

Scott, William A., Department of Psychology, University of Colorado, Boulder, CO 80302

The Checklist Description of Nations (CDN) is one of eight instruments developed by the author to measure the structural properties of a single cognitive domain: "Nations." The other seven instruments are Listing and Grouping, Open Description and Rating, Similarity of Paired Nations, Grouping, Most Similar Pairs, Rating I and II, and Homogenizing Sets. The author has also developed instruments similar to the ones above for measuring other domains such as school, self, acquaintances, celebrities, occupation, and family. These instruments have been used in assessing personal maladjustments of college students and schizophrenics. The CDN assesses four structural properties of the nations domain, dimensionality, evaluative centrality, affective-evaluative consistency, and ambivalence. The names of 10 nations are presented to the subject. Following each nation, there is a list of 72 adjectives which have been preselected for their evaluative character, that is, "favorable," "unfavorable," or "neutral." The subject's task is to circle the adjectives that best describe the nation. Afterwards, the subject is asked to rate each of the 10 nations on a 7-point scale, indicating how much he liked them. The 10 nations under consideration in this instrument are Canada, China, Czechoslovakia, East Germany, Italy, Republic of South Africa, South Viet Nam, Switzerland, Thailand, and West Germany. Sample adjectives are: "Dishonest"; "Lazy"; "Young"; "Peaceful"; "Hot"; "Cruel"; "Low crime rate"; "Much freedom"; and "Greedy." Dimensionality is measured in terms of the degree to which the 72 adjectives are used independently in the 10 nation descriptions. Evaluative centrality is assessed by the mean proportion of circled adjectives which are a priori evaluative. Affective-evaluative consistency is measured with an index ranging from -1.00 to +1.00, which indicates the degree to which liked nations are assigned desirable characteristics, and disliked nations are assigned undesirable characteristics. Ambivalence is measured with an index, bounded by 0.00 and 1.00, which represents the degree to which liked nations are assigned desirable characteristics and disliked nations are assigned undesirable characteristics. The author has written a computer program for scoring this instrument. Additional information, intercorrelational data between instruments, reprints, a computer scoring description and a copy of the instrument are available from the author.

CHECKLIST OF SIMILARITIES AND DIFFERENCES BETWEEN NATIONS

Boulder, University of Colorado, 1970.

Scott, William A., Department of Psychology, University of Colorado, Boulder, CO 80302

The Checklist of Similarities and Differences Between Nations (CSDBN) is an instrument designed to measure the nations domain of human cognition. To date, this instrument has been used in the assessment of college students and hospital patients. The CSDBN requires the subject to respond to a pair of nations. The names of two nations appear on two pages of the booklet, and it is followed by either a list of adjectives or pairs of contrasting characteristics. The subject is instructed to think about the two nations in each pair and decide what their principal similarities and differences are. On the pages labeled "similarities" the adjectives are not paired. The subject is asked to circle those adjectives that describe the ways in which the two nations are alike. On the pages labeled "differences" the subject is to consider the pair of nations in terms of paired-contrasting adjectives. The subject is required to write beside each adjective in the pair chosen the initials of the country to which it applies. There are five pairs of nations in this instrument: 1) Italy-Republic of South Africa; 2) East Germany-South Viet Nam; 3) Czechoslovakia-Switzerland; 4) Mainland China-Thailand; 5) Canada-West Germany. There are 72 adjectives used in the instrument. Sample adjectives include: "Aggressive"; "United"; "Simple"; "Large"; "Dangerous"; "Densely populated"; "Old"; and "Religious." The author has created a similar instrument to the CSDBN that measures the acquaintances and self domain. This instrument is the Comparison of Paired Acquaintances (CPA). Additional information and a copy of both instruments are available from the author.

THE COMMUNITY-ORIENTED PROGRAMS ENVIRONMENT SCALES

Journal of Abnormal Psychology, 1972, 79, 9-18.

Moos, Rudolf H., Social Ecology Laboratory, Department of Psychiatry, Stanford University, Stanford, CA 94305

The Community-Oriented Programs Environment Scales (COPES) is an instrument designed to assess the treatment environments of transitional community-oriented psychiatric programs such as sheltered workshops and rehabilitation centers. There are two basic forms of COPES. Form C (102 items) asks members and staff to describe the program they are currently on (real program). Form I (102 items) asks members and staff to describe the program they ideally would like to be on (ideal program). Both forms are paper and pencil questionnaires that can utilize tape recorded instruction and questions. Approximately 25 to 30 minutes are required to complete each form. Testing experience has shown it is best to give each form at separate testing sessions. True-false responses are required on both forms. A sample item of Form C is: "This program emphasizes training for new kinds of jobs." A sample of Form I is: "The program would emphasize training for new kinds of jobs." Both forms contain 10 content subscales such as program involvement, problems orientation, and staff control which reflect conceptualization of the relationships among them. Scoring keys for the two forms are identical. Reliability and validity data are available in the source document. A copy of the instrument and normative data may be obtained from the author.

FACULTY MORALE-INSTITUTIONAL CLIMATE SCALE

Kirksville, Northeast Missouri State University, 1968.

Bowers, Orville E., Department of Education, Northeast Missouri State University, Kirksville, MO 63501

The Faculty Morale-Institutional Climate Scale is an instrument designed to identify elements which describe institutional climate and faculty morale. The instrument is intended for use with members of a college faculty to assist administrators in facilitating effective institutional administration. The instrument consists of 50 statements to be distributed among nine categories from "most important" to "most unimportant." The numbers of statements to be placed in these categories are 2, 3, 6, 9, 10, 9, 6, 3, and 2 respectively. The statements are to be evaluated on the basis of their importance in contributing to faculty morale and institutional climate. Sample items are: "Faculty members are recognized as individuals by the administration"; "The administration supports faculty members in off campus controversial issues"; "Academic promotions are awarded on a fair and impartial basis"; "Good tenure policies are present." The instrument is self-administered and requires approximately 30 minutes to complete. Twenty conditions were found to describe an institutional climate which is conducive to good teaching and learning. An additional 20 were considered to be unimportant in defining a favoralbe institutional climate. A copy of the instrument is available from the author.

GROUPING NATIONS ON SPECIFIED ATTRIBUTES

Structure of natural cognitions. Journal of Personality and Social Psychology, 1969, 12(4), 261-278.

Scott, William A., Department of Psychology, University of Colorado, Boulder, CO 80302

Grouping Nations on Specified Attributes (GNSA) is one of eight instruments developed by the author to measure the structural properties of a single cognitive domain: "Nations." The other seven instruments are Listing and Grouping, Open Description and Rating, Checklist Description, Rating of Nations I and II, Similarity of Paired Nations, Most Similar Pairs, and Homogenizing Sets. The author has also developed instruments similar to the ones above for measuring other cognitive domains such as school, self, acquaintances, celebrities, occupation, and family. These instruments have been used for the assessment of personal maladjustment in college students and schizophrenics. The GNSA measures three structural properties of nations domain: 1) Dimensionality; 2) Attribute articulation; 3) Affective balance. The subject is asked to group a list of 20 nations according to each of 10 attributes designated on successive pages. Each group is labeled according to its status on the designated attribute. The 10 attributes are militaristic, materialistic, power, capitalistic, nationalistic, ambitious, anti-American, friendliness towards, competency, and trustworthiness. Dimensionality is measured by an index, ranging from one to ten, which represents the number of independent information dimensions yielded by the subject's grouping system over the 10 attributes. The attribute articulation score is found by simply counting the number of groups formed by the subject and averaging this number over all attributes. Affective balance is measured for each individual attribute. The score is derived by computing the variance among mean liking scores for the groups formed. A computer program has been written by the author for the scoring of this instrument. Additional information, reprints, correlational data, computerized scoring description, and a copy of each instrument are available from the author.

HEPS
Cleveland, Cleveland Psychiatric Institute, 1966.

Friedman, Ira, & Paolino, Albert F., 1708 Aiken Avenue, Cleveland, OH 44109

The HEPS is a 4-part instrument which is designed to measure aspects of the home environment and psychological aspects of the relationship to the informant-relative of psychiatric patients who have been discharged from hospitalization. The instrument is intended for use with patients and their relatives who have participated in a study of admission and posthospitalization psychological and sociological demographic variables bearing on psychiatric hospitalization. The HEPS consists of four parts, two are completed by the informant-relative and two counterparts are completed by the patient. The first informant instrument consists of 51 items, each consisting of an adjective descriptive of a home environment. The informant is asked to assess how closely the adjective fits a description of the patient's present home by selecting from a 4-point scale ranging from "1" for "true" to "4" for "false," with graduations, e.g., "more true than false," "in between." Sample items are: "Tidy"; "Crowded"; "Noisy"; and "Gay." The patient's form of the home environment assessment is identical except that he is asked to assess his own home. The second respondent form requests the patient's relative to describe how he or she behaves toward, feels about, or relates to the patient. The form consists of 54 descriptive adjectives which the respondent rates on a 4-point scale of accuracy ("true" to "false"). Sample items are: "Affectionate"; "Nagging"; "Fun"; "Friendly"; "Inconsiderate." The patient form is identical except that the patient is asked to describe his relative and to judge the adjective items with reference to how true or false they are in describing that relative. A factor analysis of the HEPS has been carried out. To date, the major application of the instrument has been in a study of some 700 patients followed up after discharge from the Cleveland Psychiatric Institute, 1708 Aiken Avenue, Cleveland, OH 44109.

HOMOGENIZING SETS OF NATIONS
Structure of natural cognitions. *Journal of Personality and Social Psychology*, 1969, 12(4), 261-278.

Scott, William A., Department of Psychology, University of Colorado, Boulder, CO 80302

Homogenizing Sets of Nations (HSN) is one of eight instruments developed by the author to measure the structural properties of a single cognitive domain: "Nations." The other seven instruments are Listing and Grouping, Open Description and Rating, Checklist Description, Rating of Nations I and II, Grouping, Similarity of Paired Nations, and Most Similar Pairs. The author has also developed instruments similar to the ones above for measuring other cognitive domains such as school, self, acquaintances, celebrities, occupation, and family. To date, this instrument has been used to assess maladjustment in college students and schizophrenics. The HSN measures only the affective balance property of the nations domain which is the degree to which nations seen by the subject as belonging together are similarly liked or disliked. In the HSN the subject is presented with 10 different sets of seven nations each. For each set, the subject is instructed to cross out any nation that does not belong with the rest and state the reasons why the remaining nations belong together. Following this, he is to rate each nation represented in the sets on a 7-point scale, indicating how much he likes them ranging from "dislike it very much" to "like it very much." Sample nations represented in the instrument are Argentina, New Zealand, Ethiopia, Norway, and Belgium. An overall balance score is computed from the nations not crossed out in each set. The score is computed by using the variance among mean liking scores for the 10 sets. A computerized scoring program has been written by the author for scoring this instrument. Additional information, intercorrelational analysis data, reprints, the computerized scoring description, and a copy of each instrument are available from the author.

LISTING AND GROUPING OF NATIONS SCALE
Structure of natural cognitions. *Journal of Personality and Social Psychology*, 1969, 12(4), 261-278.

Scott, William A., Department of Psychology, University of Colorado, Boulder, CO 80302

The Listing and Grouping of Nations Scale (LGNS) is one of eight instruments developed by the author to measure the structural properties of a single cognitive domain: "Nations." The other seven instruments are Open Description and Rating, Similarity of Paired Nations, Grouping, Checklist Description, Most Similar Pairs, Rating I and II, and Homogenizing Sets. The author has also developed similar instruments to measure other domains such as school, self, celebrities, acquaintances, family, and occupation. These instruments have been used in assessing the maladjustment of college students and schizophrenics. In the LGNS, the subject is asked to list 20 nations that he regards as important in world affairs. He is then instructed to group these nations on the basis of common characteristics. Any nation could be included in more than one group. Afterwards, the subject is asked to rate each nation he has listed on a 7-point scale indicating how much he likes it ranging from "dislike it very much" to "like it very much." A computerized scoring procedures yields five measures of differentiation and two measures of balance. The five measures of differentiation are: a) The number of different group combinations; b) An index of dispersion of nations over several group combinations; c) The number of categories worth of information contained in the subject's classification system; d) Measure of information yield relative to the maximum amount possible with a given number of nations; e) An alternative index to the number of information categories contained in the classification. The two indices of cognitive balance are the mean balance score over all groups formed, and the variance among mean liking scores for the groups formed. Additional information, reprints, correlational analysis data, computer scoring descriptions, and a copy of each instrument are available from the author.

A MANUAL FOR THE SCHOOL SURVEY OF INTERPERSONAL RELATIONSHIPS

Linden, NJ, Remediation Associates, 1970.

Wittmer, Joe, Department of Counselor Education, College of Education, University of Florida, Gainesville, FL 32601

The School Survey of Interpersonal Relationships (SSIR) is an instrument designed to measure the interpersonal climate within an educational setting as perceived by teachers. The instrument is intended for use with teachers of both elementary and secondary schools and is designed primarily for the purpose of surveying a particular school's interpersonal learning climate in order to indicate problem areas and thereby direct alleviation of existing interpersonal conflicts. The SSIR consists of 56 statements related to the school environment, each of which the respondent rates on a 5-point scale ranging from "does not apply" to "very true." The even numbered items are geared to surveying the effectiveness or noneffectiveness of communication between classroom teachers, certain type students, and various people in the school setting, at the affectual or feeling level of perception (Affective Score). The odd items yield the teacher's perception of his school's interpersonal climate at a more cognitive level (Cognitive Score). Sample items are: "I feel that other teachers do not understand me" (affective); and, "Our vice-principal's role is not clear to me" (cognitive). The instrument is self-administered. Three scores are obtained, total, cognitive and affective. Seven sub-scores may also be obtained: "Teacher versus Principal"; "Teacher versus Teacher"; "Teacher versus Counselor"; "Teacher versus Other Non-teaching Staff"; "Teacher versus Self"; "Teacher versus Students." Item analysis is recommended as the appropriate scoring procedure in order to yield maximum precise information as to existing communication problems. Since the instrument is designed for use by individual schools, no normative data are presented. Ranges for the highest and lowest subcategory scores are available in the manual. A copy of the instrument is available from Remediation Associates, Inc., P. O. Box 318, Linden, NJ 07036. Prices are $7.50 for 50 tests, plus $2.00 for the manual.

MICHAUX STRESS INDEX

The psychopathology and measurement of environmental stress. Community Mental Health Journal, 1967, 3, 358-372.

Michaux, William W., Gansereit, Kathleen H., McCabe, O. L., & Kurland, A. A., 501 Colleen Road, Baltimore, MD 21229

The Michaux Stress Index (MSI) is designed to classify and measure environmental stresses. It is intended for use with adults, especially mental patients. The instrument is administered to the subject or a member of his family by a trained interviewer. The first two questions constitute the General Stress Index. The respondent is asked whether anything very good has occurred in the subject's life during the past month and then whether anything very bad has occurred. The respondent's report of the event is recorded approximately as given. A score of "1" is given for a "no" answer to the first question and for a "yes" to the second; otherwise, both are scored "0." The total score for the General Stress Index is the sum of these two scores, ranging from "0" to "2." The six remaining questions constitute the Specific Stress Index. The intention in this section is to survey the six possible areas of experience that might engender stress in an adult subject. The six areas covered are interpersonal, marital and sexual, economic and domestic, occupational, social and recreational, and physical health. The focus of the inquiry is on the number of areas in which stressful events have occurred, not the number of events in each area or the amount of stress experienced. A sample item is: "Has anything happened during the past month in connection with your health or physical condition to cause you a lot of worry or stress and strain?" The total score for the Specific Stress Index is the number of "yes" answers, ranging from "0" to "6." A copy of the instrument may be obtained from the first author.

MOST SIMILAR PAIRS OF NATIONS

Structure of natural cognitions. Journal of Personality and Social Psychology, 1969, 12(4), 261-278.

Scott, William A., Department of Psychology, University of Colorado, Boulder, CO 80302

Most Similar Pairs of Nations (MSPN) is one of 11 instruments developed by the author to measure the structural properties of a single cognitive domain: "Nations." The other 10 instruments are Listing and Grouping, Open Descriptions and Rating, Checklist Description, Description of Nations on Specific Characteristics, Open Comparison of Nations, Checklist Comparison of Nations, Rating of Nations I and II, Grouping Nations, Similarity of Paired Nations, and Homogenizing Sets of Nations. The author has also developed instruments similar to the ones above for measuring other cognitive domains such as school, self, acquaintances, celebrities, occupation, and family. The MSPN measures the affective balance property of the nations domain, which is the degree to which nations seen by the subject as belonging together are similarly liked or disliked. In this instrument, the subject selects three pairs of nations from a list of 20 that he regards as very similar. For each pair, he states the basis of their similarity. He then picks out three more pairs, each containing nations that he regards as different and states the principle differences in each pair. Afterwards, he rates all 20 nations on a 7-point scale, indicating how much he liked each of them. The balance score is computed as the sum of the squared differences in liking for the three most similar pairs, all divided by the maximum sum of squared differences, given the subject's distribution of liking ratings. To date, this instrument, in conjunction with the other instruments mentioned above, has been used in the assessment of cognitions of college students in three countries. (English and Japanese versions are available.) Additional information, reprints, correlational analysis data, and a copy of each instrument are available from the author.

OPEN COMPARISON OF NATIONS
Boulder, University of Colorado 1970.

Scott, William A., Department of Psychology, University of Colorado, Boulder, CO 80302

The Open Comparison of Nations (OCN) is an instrument designed to measure the nations domain of cognition and its structural properties. It is one of 11 instruments designed for this purpose, the other 10 being: Listing and Grouping, Open Description and Rating, Checklist Description, Descriptions of Nations on Specified Characteristics, Checklist Comparison of Nations, Similarity of Paired Nations, Grouping, Most Similar Pairs, Rating of Nations Scale I and II, and Homogenizing Sets. This instrument has been used to measure cognitive integration among college students in Boulder, Kyoto, and Wellington. The SDBN requires the subject to respond to pairs of nations. The subject is to think about the two nations in each pair and then decide upon the major way in which they are alike and different. Twelve lines are provided for the subject's response on the similarity of the pair and 12 lines for the subject's response on the difference between the two nations in each pair. The five pairs of nations used are, 1) Brazil and United Kingdom, 2) France and United Arab Republic, 3) Greece and Soviet Union, 4) India and Mexico, and 5) Israel and Japan. This instrument has been adapted for measuring other cognitive domains such as self, acquaintances, occupation, and school activities. Additional information and a copy of the instrument are available from the author.

OPEN DESCRIPTION AND RATING OF NATIONS SCALE
Structure of natural cognitions. *Journal of Personality and Social Psychology*, 1969, 12(4), 261-278.

Scott, William A., Department of Psychology, University of Colorado, Boulder, CO 80302

The Open Description and Rating of Nations Scale (ODRN) is one of eight instruments developed by the author to measure the structural properties of a single cognitive domain: "Nations." The other seven instruments are Listing and Grouping, Similarity of Paired Nations, Grouping, Checklist Description, Most Similar Pairs, Rating I and II, and Homogenizing Sets. The author has also developed similar instruments to measure other domains such as school, self, celebrities, acquaintances, family, and occupation. These instruments have been used to assess maladjustment of college students and schizophrenics. The ODRN assesses four structural properties of the nations domain: 1) Dimensionality; 2) Evaluative centrality; 3) Affective-evaluative consistency; 4) Ambivalence. In this instrument, the subject is presented with the names of 10 different nations. Beneath each name of a nation there are 12 lines. The subject is required to write down his description of the nation. He then rates each descriptive word or phrase he has used on a 7-point scale of desirability. The third section of this instrument is a list of the same 10 nations used in the first section. The subject is to rate each on another 7-point scale, indicating how much he likes each. Dimensionality is computed by counting the number of characteristics listed for each nation and an averaging these over all 10 nations in the instrument. The evaluative centrality score is computed by summing the deviations from the scale midpoint of the ratings assigned by the subject to his own descriptions and divided this sum by the maximum sum possible. The mean of the evaluation scores over 10 nations is taken as the measure of evaluative centrality. Affective-evaluative is measured with an index that ranges from -1.00 to +1.00, indicating the degree to which liked nations are assigned desirable characteristics and disliked nations are assigned undesirable characteristics. Ambivalence is measured with an index from 0.00 to 1.00 which indicates the number of desirable and undesirable descriptions. The author has written a computer program which scores this instrument. Additional information, reprints, intercorrelational data between instruments, computer scoring descriptions, and a copy of each instrument are available from the author.

ORGANIZATIONAL CLIMATE QUESTIONNAIRE
New York, General Electric Company, 1971.

Meyers, Herbert, Personnel Research, General Electric Company, 570 Lexington Avenue, New York, NY 10022

The Organizational Climate Questionnaire (OCQ) is an instrument designed to investigate the kind of work climates or environments in which organization employees perform their jobs, how these organizational climates are created, and how they affect workers' job performance and satisfaction. The OCQ consists of three parts. Part I contains 33 items sampling the following areas of organizational policy and structure: 1) Constraining conformity (an excess of structure, to the exclusion of achievement); 2) Responsibility (delegation of adequate amounts of responsibility to individual workers); 3) Standards (emphasis on good work); 4) Rewards; 5) Organizational clarity (adequate organization); 6) Friendly team spirit (fellowship rather than competition among workers). Sample items from Part I are: "If you want to stay out of trouble around here, you have to conform to standard practice"; "The best way to get ahead in this organization is not to stick your neck out"; "We have a promotion system here that helps the best man to rise to the top." Respondents select one of four response options from "definitely agree" to "definitely disagree." Part II contains two short answer questions for which respondents are given one-third of a page to answer. A sample question is: "How would you describe to a friend who had never been in your office, the climate and the pressures of your day to day work situation?" Part III contains four questions asking the respondent's age, duration of employment, present position, etc. The OCQ requires about 20 to 30 minutes for completion. The instrument was adapted from a General Electric Corporate Research study investigating climate characteristics and achievement motivation. Further information and a copy of the OCQ may be obtained from the author.

PERCEIVED STRESS INDEX

An index of measuring perceived stress in a college population. Journal of Psychology, 1968, 70, 9-15.

Jacobs, Paul D. & Munz, D. C., Department of Psychology, University of Oklahoma, Norman, OK 73069

The Perceived Stress Index (PSI) is an instrument designed to measure a subject's perception of the stressfulness of a situation he is in. The PSI was developed with the use of Thurstone's method of equal-offering intervals and Osgood's semantic differential. An initial item pool was developed by having a sample of college students submit adjectives and expressions which they felt were most often used by their peers to describe emotional or affective states. After a narrowing down process (elimination of items on the basis of overlap and discrimination for low ambiguity of meaning) 45 items were left; they were then rated on the semantic differential, consisting of three factors, with three highly factor-loaded bipolar scales comprising each factor. The results were factor analyzed, and 15 items were chosen to form two 15-item scales with the only difference between the two scales being the instructions. Scale I, the "normally feel" scale, instructs the subject to check the one item that best describes the way he feels at that moment. Differences between the two scale scores are used to indicate the amount of disparity between how one normally feels and how one feels at a specific moment. Typical items are: "Extremely terrified"; "Fearful"; "Uneasy"; "All right"; "Feeling good"; etc. Some validity data are in the source document; a copy of the PSI along with a more elaborate explanation of the instructions and scoring procedure may be secured by writing the authors. The PSI response categories have also been used by the authors in other situations where affective state or emotional reactions are being measured (for example, job attitudes, political attitudes, attitudes toward group experiences) by constructing several questionnaires consisting of situationally specific statements prefaced by the general statement, "This is the way I feel about . . ." Further information can be obtained from the authors.

RATING OF NATIONS SCALE I AND II

Structure of natural cognitions. Journal of Personality and Social Psychology, 1969, 12(4), 261-278.

Scott, William A., Department of Psychology, University of Colorado, Boulder, CO 80302

The Rating of Nations Scale I and II (RNS) is one of 11 instruments developed by the author to measure the structural properties of a single cognitive domain: "Nations." The other instruments are Listing and Grouping, Open Description and Rating, Checklist Description, Description of Nations on Specified Characteristics, Open Comparison of Nations, Checklist Comparison of Nations, Similarity of Paired Nations, Grouping, Most Similar Pairs, and Homogenizing Sets. The author has also developed instruments similar to the ones above for measuring other domains such as school, self, acquaintances, celebrities, occupation and family. Several of these instruments have been used to assess the cognitions of schizophrenics and other hospital patients, high school students and their parents, college students in the United States, New Zealand, and Japan and mental health center clients. The RNS measures five structural properties of the nations domain: 1) Dimensionality; 2) Attribute articulation; 3) Evaluative centrality; 4) Ambivalence; and 5) Affective-evaluative consistency. There are two parts to the RNS. The second part is identical to the first part. A set of 20 nations appears in the instrument. The subject rates the 20 different nations on each of 10 bipolar attributes by checking a scale numbered from one to seven (very, quite, slightly, equally or neither, slightly, quite, very). After this, Part II of the instrument is given to permit a check on rating reliability. The 10 bipolar attributes are "beautiful-ugly," "democratic-undemocratic," "efficient-inefficient," "likable-unlikable," "neutralist-partisan," "planned economy-market economy," "progressive-reactionary," "rich natural resources-poor natural resources," "rural-urban," "well educated-poorly educated." Dimensionality is measured as the number of independent information dimensions yielded by the subject's rating system. Attributive articulation is measured by an index, ranging from one to seven, that represents the degree to which subjects used all seven categories distinctly and consistently. Evaluative centrality is scored for evaluation by adding the sum of deviations from the scale midpoint (4) over those attributes judged a priori to be evaluative in character. The evaluative centrality score for the domain is computed as the mean evaluation score over all 20 nations. Affective-evaluative consistency is measured as the mean correlation computed over 20 nations, between the subject's liking for them and his mean rating of them on evaluative attributes. Ambivalence is measured with an index bounded by 0.00 and 1.00, which indicates the number and equality of desirable and undesirable descriptions. A computer program has been written by the author for scoring this instrument. Additional information, reprints, intercorrelational data between instruments, computer program descriptions, and a copy of each instrument are available from the author.

THE RESPONSE TO POWER MEASURE

A test of superior and subordinate role preference. Wichita, Center for Human Appraisal and Communication Research, Wichita State University, 1972.

Sweney, Arthur B., Center for Human Appraisal and Communication Research, Wichita State University, Wichita, KS 67208

The Response to Power Measure (RPM) is an instrument designed to measure organization social climate as defined by various leadership styles (roles) and their interaction with various subordinate roles. The author proposes a model depicting three superordinate roles (authoritarian, equalitarian or participator, and permissive) and three subordinate roles (rebel, critic-cooperator, and ingratiator). The model enables the prediction of superordinate and subordinate role behaviors resulting from various combinations of the superordinate-subordinate role types. The RPM was developed as an operationalization of the above model. Test items were developed to conform to the theoretical operational definitions (in terms of attitudes and behaviors) proposed to characterize each role. The RPM consists of 96 items. Each of the six role scales (authoritarian, equalitarian, permissive, rebel, cooperator, ingratiator) contains 16 items. Sample items from the RPM are: "I (would) demand obedience from my children"; "Most bosses are incompetent"; "I am loyal to those above me"; "I continuously fight for my ideas." Respondents are asked to answer each item by checking either "true," "false," or "?." A response of "true" is given the numerical value of "2," a response of "false" a value of "0," and a "?" a value of "1." The RPM is self-administering and no time limit is placed on completion. Average time required for completion is about 15 min minutes. A scoring sheet is attached to the back of each page of the RPM test booklet so that in responding to each item, the subject scores the test. Internal consistency coefficients for the six scales obtained from a sample of college students and a sample of the general population are: .75 and .78 (authoritarian), .43 and .51 (equalitarian), .63 and .67 (permissive), .45 and .62 (cooperator), .51 and .71 (ingratiator), .69 and .59 (rebel). Considerable evidence for the concurrent and predictive validity of the RPM is also presented in the source document. Further information regarding the use of the RPM, normative data, and interpretive findings may be found in the source document. A copy of the RPM may be obtained from the author.

THE SCHOOL ENVIRONMENT ASSESSMENT SCALES

St. Louis, University of Missouri, 1972.

Tolsma, Robert J., & Hopper, Gordon, School of Education, University of Missouri, 8001 Natural Bridge Road, St. Louis, MO 63121

The School Environment Assessment Scales (SEAS) is designed to measure the perceptions of high school students regarding the educational climate of their school and the psychological press presented by the school environment. The instrument consists of 180 items in the form of fill-in descriptive statements regarding aspects of school functioning. Scale items were factor analyzed and yielded eight separate scales: 1) Intellectual self-expression; 2) Paternal press; 3) Heterosexual social expression; 4) School spirit; 5) Activity; 6) Authority; 7) Freedom of expression; and 8) Social order. Sample items from these scales are: "__________ of the teachers assign grades fairly"; "The teachers __________ express opinions about how a student should dress"; "There are __________ opportunities to work on projects with members of the opposite sex"; "There is __________ feeling of excitement around here before a school event"; "Those students who are interested in ballet and modern dance __________ get adequate opportunities to practice and perform in school"; "There are __________ comfortable places available where a student can go to just sit and relax." There are two forms of the scales, providing response options ranging from "almost none" to "almost all" and from "almost never" to "almost always." Students are asked to respond to items by filling in the appropriate response option. The instrument was developed from an administration of 180 items to over 3,000 junior and high school seniors. An analysis of covariance procedure used for item selection resulted in the present 81-item scale. The instrument is self-administering, requiring about 30 minutes, and is either hand or computer scored. Norms have been compiled for 13 Iowa high schools. Internal consistency reliabilities range from .54 to .82, with all but two scales reaching coefficients above .60. Validation of the SEAS is currently under way. Further information and a copy of the SEAS may be obtained from the author.

SIMILARITY OF PAIRED NATIONS RATING SCALE

Structure of natural cognitions. Journal of Personality and Social Psychology, 1969, 12(4), 261-278.

Scott, William A., Department of Psychology, University of Colorado, Boulder, CO 80302

Similarity of Paired Nations (SPN) is one of 11 instruments developed by the author to measure the structural properties of a single cognitive domain: "Nations." The other 10 instruments are Listing and Grouping, Open Description and Rating, Checklist Description, Description of Nations on Specified Characteristics, Open Comparison of Nations, Checklist Comparison of Nations, Rating of Nations I and II, Grouping Nations, Most Similar Pairs and Homogenizing Sets. The author has also developed instruments similar to the ones above for measuring other cognitive domains such as school, self, acquaintances, celebrities, occupation, and family. Some of these instruments have been used in assessing cognitions of schizophrenics and other V. A. hospital patients, community mental health center clients, high school students and their parents, and college students in Boulder, Kyoto, and Wellington. The SPN measures only the balance property of the nations domain, that is, the degree to which similarly liked or disliked nations are seen as similar in other ways. The instrument itself contains 20 pairs of nations. The subject is to rate the pairs of nations according to their degree of similarity, high, medium, or low. Then all nations represented in the 20 pairs are rated by the subject on a 7-point scale, indicating how much the subject likes each nation from "dislike very much" to "like considerably." The nations are paired so that each appears twice in the instrument. To yield an index of affective balance, the absolute difference between the subject's liking for nations in a pair was correlated, over 20 pairs, with the degree of rated similarity. Additional information, reprints, correlational analysis data, and a copy of each instrument are available from the author.

THE STAFF AND PATIENT HELPING QUESTIONNAIRE

On the relation between psychiatric ward atmosphere and helping behavior. Ohio, Oberlin College, 1971.

Sidman, Jack, & Moos, Rudolf H., Crown College, University of California at Santa Cruz, Santa Cruz, CA 95060

The Staff and Patient Helping Questionnaire (SPHQ) is an instrument designed to assess the frequency with which various patient-to-patient and staff-to-patient helping behaviors occur in psychiatric wards. The instrument was developed for purposes of investigating the interaction between patient perceptions of ward environment and patient perceptions of patient and staff helping behavior. The SPHQ consists of 148 helping behaviors. The lists were derived from the following sources: 1) By asking therapists of various schools to describe the specifics of their therapy techniques; 2) By talking to patients about what they regarded as helping behaviors, both by staff and other patients; 3) From an earlier study by the author on college student helping behavior. Item selection on the basis of ambiguity and redundancy resulted in the present SPHQ consisting of 70 patient-to-patient and 70 staff-to-patient helping items. Sample items from the questionnaire are: "A staff member tries to ignore the strange things a patient says or does"; "A staff member treats a patient as a competent and responsible person"; "A staff member tells a patient that he is avoiding his problems"; "One patient points out the inconsistencies in another's thinking or behavior"; "One patient praises another." The content of the patient-to-patient and staff-to-patient items is identical with minor changes in wording which make a staff member the helper in one instance and a patient the helper in the other. Subjects are asked to rate each item in terms of a 7-point frequency of occurrence scale consisting of the response options, "almost never," "about once or twice a month," "about once a week," "several times a week," "about once or twice a day," "several times a day," "many times a day." The questionnaire requires about 30 to 45 minutes for completion and is easily hand scored. The SPHQ was administered to 266 patients in conjunction with an instrument designed to measure ward atmosphere. Five patient-to-patient helping factors emerged, interpretative (psychoanalytic) helping, condescension and avoidance, engender personal worth, offer friendship, paternalistic helping. Five staff to patient helping factors were similarly identified, understanding friendship, avoidance of problems, teaching, protecting, or directing, criticism and confrontation, activity-oriented practical support. The engendering self-worth and friendship patient to patient factors were found to be significantly related to positive patient perceptions of ward atmosphere. Similarly, the practical supportive teaching, protecting or directing and understanding friend, staff-to-patient factors were also related to positive patient perceptions of ward atmosphere. Further information, reliability and validity data, and a copy of the questionnaire may be obtained from the author.

SURVEY OF CHILD-CARING INSTITUTIONS IN THE STATE OF GEORGIA

Athens, University of Georgia, 1972.

Thomas, George, Regional Institute of Social Welfare Research, The University of Georgia, 1260-1280 South Lumpkin Street, Athens, GA 30601

Survey of Child-Caring Institutions in the State of Georgia is an instrument designed to collect information on the nature of child-caring institutions in Georgia. The instrument consists of four sections. Section I taps information on the nature of the facilities, such as their physical layout, their adequacy, sources of financial support, the provision of infirmary, religious, and educational services in such child care facilities. Section II collects information on the nature of the child populations making up such facilities (e.g., age, sex, racial composition, socioeconomic status, reasons for institutionalization, etc.) Section III taps information on the staff structure of such child care facilities, e.g., numbers and types of fulltime employees, staff specialists (psychiatrists, medical doctors, educators, etc.) employed by each institution, staff members responsible for discipline and policy making, etc. Section IV taps information on the nature of programs past, current, and future (e.g., educational, counseling, recreational) being provided by such child care facilities. Sample items from the survey are: "Given the amount of space that you have, how well does its physical layout and functional arrangement serve your current program goals and needs?"; "What is your current admissions policy on children with special problems?"; "About how often are each child's needs, progress, or future disposition individually reviewed by your staff?" The survey consists of 82 items and requires about one hour for completion. The instrument is equally applicable to surveys of child care facilities outside of Georgia. Further information and a copy of the survey may be obtained from the author.

THE WARD ATMOSPHERE SCALES

Revision of the ward atmosphere scales. In *Evaluating treatment environments: A social ecological approach*. New York: Wiley and Sons, 1973.

Moos, Rudolf H., Social Ecology Laboratory, Department of Psychiatry, Stanford University, Stanford, CA 94305

The Ward Atmosphere Scales (WAS) were designed to measure aspects of the social atmosphere of psychiatric wards as they are (real ward) and as they should be (ideal ward). The present Forms C (real ward) and I (ideal ward) represent revisions of earlier forms. Each form contains 99 true-false items with the wording somewhat different in the two forms, e.g., "This is a lively ward" for Form C is changed to "This would be a lively ward" for Form I. The 10 scales with a sample item from each (Form C) are: 1) Ward involvement, "Discussions are pretty interesting on this ward" (true response keyed); 2) Support, "The staff knows what the patients want"; 3) Spontaneity, "Patients say anything they want to the doctors"; 4) Autonomy, "There is no patient government on this ward" (false response keyed); 5) Practical orientation, "New treatment approaches are often tried on this ward"; 6) Personal problem orientation, "Personal problems are openly talked about"; 7) Anger and aggression, "Patients often gripe"; 8) Order and organization, "Many patients look messy" (false response keyed); 9) Program clarity, "On this ward everyone knows who's in charge"; and 10) Staff control, "It's a good idea to let the doctor know he is the boss." The first three scales measure relationship variables, the next four treatment program variables, and the last three assess administrative structure variables. Manuals are available describing these and the previous forms of the WAS. Validity and reliability data, normative data, references, and information on clinical interpretation of the WAS are available in the manuals along with the scales themselves. These manuals may be obtained by writing the author.

WHAT YOUR SCHOOL IS LIKE QUESTIONNAIRE

Project Summary: Guidance programs and their impact on students. U. S. Department of Health, Education and Welfare, Minnesota Department of Education, 1965-1968.

Tamminen, Armas W., & Miller, G. Dean, Department of Education, State of Minnesota, 550 Cedar Street, St. Paul, MN 55101

The What Your School Is Like Questionnaire is an instrument designed to measure students' perceptions of the educational and social climate of their secondary schools. The data from the instrument are intended for use in a study of the relationship between the extent and kind of guidance efforts expended, the situational context and certain social-personal attributes of students assumed to be related to guidance efficacy in secondary school settings. The instrument is intended for use by high school students in schools with operative guidance programs. The instrument contains 46 true-false items. The student is instructed to decide which statements are generally true about the way his or her school really is. Sample items are: "There is a lot of interest here in learning for its own sake, rather than just for grades or for graduation credits"; "Many classes are boring"; "Teachers here often make cutting or sarcastic remarks to students in class." The questionnaire was developed through a literature study which yielded variables of school setting which are theoretically related to student success and guidance efficacy. The instrument was pretested in a field study and approved by the U. S. Office of Education. The questionnaire is self-administered. Data from a study of 85 public high schools in Minnesota which utilized the instrument are available in the source document. To date, the major application of the instrument has been in the Minnesota Guidance Research Project. A copy of the instrument is available in the appendix of the source document.

FAMILY INTERACTION

APPROACH

Approach: A procedure for patterning responses of adults and children. *JSAS Catalog of Selected Documents in Psychology*, 1971, 1, Ms. No. 2.

Caldwell, Betty M., & Honig, A., Center for Early Development and Education, College of Education, University of Arkansas, Little Rock, AR 72202

The Approach Instrument (a procedure for patterning responses of adults and children) is an instrument designed to measure all types of social behavior emitted by one or more individuals. The purpose of the instrument is to provide a technique for coding data in live observation situations; it is intended to be used to code the ongoing behavior of children in groups, or of persons in dyadic social situations. It is equally appropriate for adults and children. There is no "instrument" in the strict sense of the word. Rather, there is a manual describing an elaborate code into which naturalistic behavior samples can be translated. Each unit of behavior is broken down into four component parts, the subject of the behavior (who emits it), the action (the predicate), the object of the behavior, and certain qualitative information about the response. Data for the instrument are collected by having an observer whisper into a tape recorder an ongoing record of the behavior that is occurring. At least 10 minutes of coding time are required for every minute of live behavior. There are no validity data, but some reliability and normative information are available from the author. The test has been used to describe the behavior of children in nursery schools and day care settings, to describe the interactive behavior of mothers and children in a dyadic social situation, and to observe the behavior of young children in the home. A copy of the instrument is available from the author.

ATTENTION DIFFICULTIES ASSESSMENT PROCEDURE

Boston, Massachusetts Mental Health Center, 1971.

Wild, Cynthia M., Massachusetts Mental Health Center, 74 Fernwood Road, Boston, MA 02115

The Attention Difficulties Assessment Procedure is a coding procedure used to record and investigate the patterns of interaction existing between family members (i.e., the father, mother, and child triad) of families of schizophrenic children. This coding procedure is part of a study whose major purpose was to develop automated measures of variables that have received empirical and/or theoretical support in the literature as being capable of differentiating the interactions of families of schizophrenics from the interaction of families of normal offspring. It has been found that transactional disturbances in establishing, maintaining, and sharing foci of attention characterize the families of schizophrenic patients. The present coding procedure was established to investigate two sorts of attention difficulties discussed by theorists, amorphous types and fragmented types. The former involves more global, diffuse, and undifferentiated styles of attending, while the latter refers to momentary, transient establishment of a focus of attention with a basic difficulty in integrating experience. The Attention Difficulties Assessment procedure involves coding family interaction during two tasks, the structured group 20 questions task consists of family members having to discover which of 42 objects on a chart the experimenter is thinking of by asking questions agreed upon by the family as a group. The Rorschach task involves the families deciding, as a group, on a response for each of three inkblots. The coding procedure is carried on during the interaction and subjects' verbal and nonverbal attention difficulties are coded by an observer depressing keys on a keyboard, with different keys representing amorphous and fragmented difficulties from each member of the family triad. The data are recorded on magnetic tape and then reduced by computer to summary scores depicting attention trends for each family member. In addition to coding the occurrence of fragmented and amorphous attention displayed by family members, the coders also record instances of correcting such behaviors by other family members. Different keys are used to code each of these four behaviors. Observers are behind a one-way mirror and coding is done on the basis of detailed objective criteria defining the presence of fragmenting, amorphous, joining, and correcting behavior. An extra keyboard allows simultaneous coding by a second observer in order to assess reliability. Data are now being analyzed. Further information regarding the procedure and results to date may be obtained from the author.

THE EXTENDED FAMILY INTERACTION SCALE

Rural urban differences and the family. *Sociological Quarterly*, 1961, 2, 49-56.

Key, William H., Department of Sociology, University Park, University of Denver, Denver, CO 80210

The Extended Family Interaction Scale is an instrument designed to provide a longitudinal index of the respondent's contact with parents, siblings, relatives, etc. The instrument was developed originally as a part of the author's doctoral dissertation and was most recently used in this modified form as part of a study aimed at investigating the longitudinal impact of disaster (specifically, the 1966 Topeka tornado) on family functioning, i.e., member interaction, cohesiveness, etc. Several scales were devised to measure the quality and quantity of family interaction. These scales were administered on two separate occasions to families having experienced the Topeka disaster so as to measure extended and immediate family interaction during the disaster, as well as changes thereof over time as a result of having experienced the disaster. The present scale consists of four items. For items one to three the respondent is asked to select one of three answers in response to the questions asked in the items. For the final item, two response alternatives are provided. Sample items from the scale are: "How often do you see your parents? 1) never or parents not living, 2) several times a year or less, 3) once a month or more"; "How often do you see most of your brothers and sisters?

1) never or no brothers and sisters, 2) once a year or less, 3) several times a year or more"; "How often do you borrow things from or lend things to relatives? 1) never, less than once a year, or no relatives, 2) once a year or more." Respondents select the alternative most typical of their familial participation types, with type one representing the least amount of extended family participation, and type eight representing the maximum amount of family interaction. An .84 coefficient of reproducibility was obtained for the scale. Analysis of data collected is currently under way. Further information and a copy of the scale may be obtained from the author.

THE FAMILY AGREEMENT MEASURE

In Paul McReynolds (Ed.), Advances in psychological assessment. Palo Alto: Science and Behavior Books, 1968, 228-243.

Bodin, Arthur M., Mental Research Institute, 555 Middlefield Road, Palo Alto, CA 94301

The Family Agreement Measure (FAM) is a questionnaire designed to determine behavioral differences among family members. The questionnaire consists of 60 questions in 12, 5-item clusters, two on each of the following six areas of common family concern: a) Family group strengths; b) Family group problems, c) Who leads family; d) Communication problems; 3) Family group disappointments; and f) Family discipline. To illustrate, in the two clusters on family group strengths, the respondent is merely given two different sets of five answer choices to the same item stem: "Our main family (group) strengths are...." The alternatives for the first question concern meeting family needs, helping members to grow, extra-familial relations, respect for individual freedom, and family unity in a crisis. The family participants rank the five alternatives to each question, first individually and then as a group. The FAM is a self-paced, paper and pencil test. The questionnaire appears potentially useful in clinical practice as well as in research. A copy of the instrument is available from the author.

THE FAMILY COHESIVENESS AND AUTONOMY QUESTIONNAIRE

Family cohesiveness and autonomy of adolescents in India and the United States. Journal of Marriage and Family, 1969, 31(2), 403-407.

Sundberg, Norman, Sharma, Vijoy, Wodtli, Terry, & Rohila, Pritam, School of Community Service and Public Affairs, University of Oregon, Eugene, OR 97403

The Family Cohesiveness and Autonomy Questionnaire is an instrument designed for the purpose of allowing cross-cultural comparisons of family structure as reflected in children's responses to questionnaire items. Specifically, the purpose of the questionnaire was to compare American and Indian (Hindu) family structure, focusing on the relationship between family cohesiveness and autonomy in adolescent children. The instrument consists of two parts. Part I consists of 25 items measuring family cohesiveness. Items were developed from the Bell Adjustment Inventory. Sample items from Part I are: "Do you and your brothers and sisters share your personal belongings (for instance, books, clothes, toys) with each other." "Have you ever been so fed up with your family that you felt like running away?"; "Do all the members of your family regularly take meals together?" Items in Part I require "yes" or "no" responses. Part II of the questionnaire contains two subsections. The autonomy and decision making subsection consists of 10 items taken from the autonomy scale of the Edwards Personal Preference Schedule. Sample items are: "I like to do things in my own way no matter what others think about it and I like to come and go as I wish." "Yes" or "no" response options are provided. The other subsection consists of 40 questions about decisions in the subject's daily life and his future. Subjects are asked to check who of five people usually makes these decisions, his father, mother, another family member, himself, or others. Sample items from this section are decisions about: "Your going to the movies"; "The games or amusements you should take part in"; "The clothes you should wear"; "The occupation you should choose." As predicted, the present instrument tapped significant differences in family cohesiveness and child autonomy for the two cultures. Further information and a copy of the questionnaire may be obtained from the author.

FAMILY-CONCEPT Q-SORT

Madison, WI, Dane County Guidance Center, 1970.

Van der Veen, Ferdinand, Institute for Juvenile Research, Research Headquarters, 232 East Ohio Street, Chicago, IL 60611

The Family-Concept Q-Sort is designed to measure family-concept, defined as the way in which an individual perceives his family as a functioning unit. Many of an individual's enduring attitudes are thought to stem from the pattern on interactions he has experienced and perceived within his family group. The Q-Sort consists of 80 items describing the families which are presented on small cards in random order. The respondent arranges the cards in nine piles corresponding to a 9-point scale ranging from "least like my family" to "most like my family." Only a specified number of cards is permitted in each pile. Some sample items are: "We often do not agree on important matters"; "We are an affectionate family"; "We have very good times together." These items were selected from a pool of 150 items which were carefully screened and revised by various professional people. The Q-Sort can be used to describe various family perceptions such as "my family as it now is" (real family concept) and "my family as it ideally would be" (ideal family concept). Several global scores derived from item scores have been developed and include: 1) The agreement between an individual's real family concept and a professional concept of the ideal family, based on a sample of 27 clinicians (the Family Adjustment Score); 2) The agreement between the mother's and father's real family concepts (Family Compatibility Score). A test-retest coefficient of .71 was obtained. Some validity research has also been conducted with the instrument. More information and a copy of the instrument may be obtained from the author.

FAMILY EVALUATION FORM

Published by Evaluation Section, Biometrics Research, State of New York Department of Mental Hygiene, 1971.

Spitzer, Robert L., Gibbon, Miriam, & Endicott, Jean, Department of Mental Hygiene, Biometrics Research, 722 West One hundred sixty-eighth Street, New York, NY 10032

The Family Evaluation Form (FEF) was designed to provide information concerning the impact of a patient on his family and to aid in the assessment of the "burden" that a patient might cause his family because of early release from hospitalization. The FEF enables an interviewer to obtain information from a knowledgeable informant about various aspects of the patient's condition, the members of his household, and other immediate family members. In addition, information is obtained on the ways in which the patient's condition may be perceived as a source of distress to others. It can be used if the patient is not currently living in the household if the informant has had sufficient contact with the patient in the last week to be able to supply information for most of the items. The instrument is a 19-page questionnaire that takes approximately one hour to administer. Items include reports of psychopathology of the patient, household members, aspects of family functioning, and the degree to which the patient's condition is perceived as having a negative effect on his family. The questionnaire can be administered by an interviewer who has no formal training in psychopathology. A copy of the instrument is available from the author.

FAMILY INTERACTION PATTERN QUESTIONNAIRE

Family interactions of psychiatric patients. Family Process, 1969, 8(1), 119-130.

Coe, William C., Curry, Andrew E., & Kessler, David R., Fresno State College, Fresno, CA 93726

The Family Interaction Pattern Questionnaire, adapted from the Day at Home technique, is an instrument designed to increase understanding of the psychiatric patient's family unit in order to examine etiological implications and to guide therapeutic interventions. The questionnaire is designed for administration to members of psychiatric patients' families. The instrument consists of 54 multiple-choice items; each item also has three subparts. These items are categorized, on the basis of item content, into four groups: "Household duties"; "Child care and control duties"; "Economic duties"; and "Social-recreational duties." The instrument was developed as a result of research suggesting that ordinary day-to-day activities are significantly related to psychiatric status. The questionnaire is self-administering; the respondent answers each question using a 3-point answer scale given above the items. Statistical analysis of test results generates four kinds of information: "Indices of overall quantitative participation of family members in family activities"; "Regions of interaction"; "Quantitative aspects of regions interaction"; and "Family tension level" (based on the reported amount of disagreement between family members). Normative data for a sample of psychiatric patients and for normal controls are reported in the source document. The authors report that the questionnaire appears to have some practical utility. For instance, results to date suggest that more family decision-making is left to the child in families of psychiatric patients and that these families tend not to recognize disagreement in their interactions. A copy of the instrument is available from the first author.

FAMILY INTERACTION QUESTIONNAIRE

Clinical correlates of fourteen and six cycles per second positive electroencephalographic spiking and family pathology. New York, State University of New York, 1968.

Greenberg, Irwin M., 80-45 Winchester Boulevard, Queens Village, NY 11427

The Family Interaction Questionnaire is an instrument designed to measure the amount and kind of interaction within a family. The instrument is intended for use with pathological families by their assigned social workers and is designed primarily to distinguish between pathological families and relatively well-functioning families. Variables isolated were medical and psychiatric illness, social isolation, physical or emotional disruption of the home, adequacy of income for standard of living, work performance of the breadwinner, degree of aggression in the father and mother, degree of acceptance of the patient by father and mother. Sample items are: "Presence of thought disorder on interview in a member of the nuclear family, yes, no, can't tell"; "Severe somatic illness in a parent (e.g., heart disease, tumor, cancer, thyroid disease, blood disease, diabetes, asthma, ulcers, neurological disease, serious operation, etc.), yes, no, can't tell, father? mother?" The instrument was developed through research to investigate the interaction effects between a defined electroencephalographic variable, a defined syndrome of family pathology, and a set of defined clinical and psychological test findings. The instrument is administered through an interview situation. Information concerning the instrument and the study are available from the author.

FAMILY INTERACTION SCALES
Archives of General Psychiatry, 1970, 22, 504-537.

Riskin, Jules, & Faunce, Elaine E., Mental Research Institute, 555 Middlefield Road, Palo Alto, CA 94301

The Family Interaction Scales are rating scales designed to measure process and style dimensions of family interaction behavior. The instrument is intended for use with the whole family as the unit of observation and is designed primarily for analysis of a standardized interaction task sampled in a clinical or research setting. The Family Interaction Scales require ratings of family interaction units with respect to clarity of communication, topic continuity, commitment, agreement and disagreement, affective intensity and quality of relationship. The Family Interaction Scales were developed on the theoretical premise that repetitive formal patterns of family interaction, not just ongoing verbal content, influence children's personalities. The scales are used to analyze a small segment of a larger semi-structured standardized interview administered to the whole family group. The segment is recorded, transcribed and coded by trained scorers. The basic scorable unit is the "speech" defined as the utterance of one member until completed or interrupted. Each speech is scored in terms of all six scale dimensions. Who-speaks-to-whom and the number of interruptions are also noted. Approximately three to four hours are needed to score a four-minute segment (160 speeches) on all categories. Reliability and validity data are available in the source document. To date, the instrument has been used primarily in methodological research. A manual for the entire scoring procedure may be available from the author on short-term loan for photocopying.

FAMILY INTERACTION SCHEDULE
Minneapolis, MN, Minnesota Family Study Center, University of Minnesota, 1965.

Straus, Murray A., Department of Sociology, University of New Hampshire, Durham, NH 03824

The Family Interaction Schedule (FIS) is a self-report type inventory in which the subject is asked to describe the frequency of occurrence of items referring to role performance within the family. There are six scales: a) Communication; b) Support; c) Task role; d) Decision role; e) Immediate power; f) Ultimate power. The communication scale is designed to yield scores for each possible interactional pair within the family, i.e., husband to wife, husband to child, child to wife, etc. Communication is measured on five dimensions, range, affect, dominance, constraints, and nonverbal communication. The support scale is designed to describe the extent to which each family member provides affective support to other members. Support is measured on five modes of expression, affection, companionship, help, praise, and nurturance. The task roles scale elicits information concerning which family member carries out each of 12 tasks, and husband's household tasks. The scores obtained from these types of activities may be combined into two additional scores, task activity and task differentiation. The decision roles scales describes the extent to which each member of the family makes decisions concerning the 12 tasks and who controls the children's recreational activities. The immediate power scale is a modification of an instrument developed by Herbst (Herbst, P. G. Family relationships questionnaire. In O. A. Oeser & S. B. Hammond (Eds.), Social structure and personality in a city. London: Routledge and Kegan, Paul, 1954, 316-321). The immediate power scale indicates which member of the family exercises control of day to day activities in the household. The ultimate power scale is based on the work of Blood, R. & Wolf, D. Husbands and wives: The dynamics of married living. Glencoe, Illinois: The Free Press, 1960. The items in this scale refer to who (husband or wife) has "the final say" in respect to a series of family decisions and in addition, asks if one or more of the children help decide. The respondent is asked to answer on a multiple-choice frequency scale for each item. He answers each item with respect to two or three of the following, "Father does," "Mother does," and "I do." An illustration would be the item: "Says nice things about me, Mother does (never, sometimes, half of the time, usually always)." Other sample items include: "Is careful about bringing up touchy topics with mother (father)"; "Makes me feel I am loved"; "Agreement with father and mother about how late I should stay out." Additional information and a copy of the instrument are available from the author.

THE FAMILY LIFE SPACE DIAGRAMS
Palo Alto, Mental Research Institute, 1968.

Bodin, Arthur M., Mental Research Institute, 555 Middlefield Road, Palo Alto, CA 94301

The Family Life Space Diagrams is a technique for representing family relationships in terms of set theory. The technique was generated as a by-product of an attempt to devise techniques for making periodic inflight assessments of the relationships among members of astronaut triads with regard to such factors as power and liking which seemed likely to become significant on long-term space missions. Each member of a family is asked to make two diagrams, a "Wish" diagram and a "Reality" diagram, in which each family member is represented as a rectangle and labeled or identification. The first diagram represents the family relationships as the subject feels them to be, the second as he wishes them to be. The family then compares, discusses, and interprets its members' drawings, with some participation by the therapist. The technique is fast, palatable to technically as well as artistically oriented people, males and females, adults and children, and is nonspecific with regard to race, religion, and social class. Various parameters may be quantified, such as degree of squareness, angle of orientation, area, perimeter, location, distance between centers, percent overlap of each rectangle by each of the others. Subtler features may be assessed by eye, such as total engulfment of children by parents; lack of differentiation (individuation) except with regard to vertical or horizontal displacement; the presence of just one peculiar rectangle with regard to distance, tilt, or deviant degree of squareness; and the presence of covert coalitions in terms of great separation but otherwise distinct and unique similarities. Such features have been found useful in engaging family members in getting curious about their family system, sometimes enabling them to move forward from a plateau in what they were willing or able to discuss. More information about the procedure can be obtained from the author.

FERREIRA-WINTER QUESTIONNAIRE FOR UNREVEALED DIFFERENCES

Decision-making in normal and abnormal two-child families. Family Process, 1968, 7(1), 17-36.

Ferreira, Antonio J., & Winter, William D., 2060 Clarmar, San Jose, CA 95128

The Ferreira-Winter Questionnaire for Unrevealed Differences is an instrument designed to measure aspects of conjoint decision making effectiveness in families. Six variables or family scores are measured, decision time to reach conjoint decisions, spontaneous agreement or agreement between members prior to conjoint discussion, choice fulfillment or the number of instances in which an individual member's choices become family's choices, explicit informational units (the amount of information exchanged), talking time, and silence time. The questionnaire is intended for use with families tested as dyads, triads, or tetrads and is not suitable for children below 9 or 10 years or subjects of low intelligence, education, and/or reading ability. The questionnaire contains from seven to 17 neutral situations, each of which lists 10 alternative choices. For each situation, the subject is asked to cross out the three he dislikes most and rank order the three he likes best. A sample item is: "Tomorrow night you are having supper out. Below are the foods you might find on the menu (e.g., ham, filet of sole, beef stew)." The instrument was developed as an expanded version of a more limited 3-choice scale devised by the first author. The questionnaire is self-administered to each member individually after a brief introduction, in approximately 20 to 25 minutes. Following individual administration, the family unit takes the questionnaire conjointly and their discussion is tape recorded. Scoring time and method vary with the variable measured. Detailed information as methodology, reliability, and validity are available in the source document and/or from the author. To date, the major application of the instrument has been in several studies by the authors and others on family communications, group process, and decision making. A copy of the instrument, reprints, and bibliography are available from William D. Winter, Psychology Department, San Jose State University, San Jose, CA 95192.

THE IMMEDIATE FAMILY INTERACTION SCALE

Rural urban differences and the family. Sociological Quarterly, 1961, 2, 47-56.

Key, William H., University of Denver, Department of Sociology, University Park, Denver, CO 80210

The Immediate Family Interaction Scale is an instrument designed to provide a longitudinal index of the respondent's contact with his immediate family members (i.e., spouse and offspring). The instrument was developed as part of a study aimed at investigating the longitudinal impact of disaster (specifically, the 1966 Topeka tornado) on family functioning, i.e., member interaction, cohesiveness, etc. Several scales were devised to measure the quality and quantity of family interaction. These scales were administered on two separate occasions to families having experienced the Topeka disaster so as to measure immediate and extended family interaction during the disaster, as well as changes thereof as a result of having experienced the disaster. The present scale consists of four items. For items one to three the subject is asked to select one of three answers in response to the questions asked in the items. For the final item, two response alternatives are provided. Sample items from the scale are: "How often do you spend evenings at home with your immediate family when no outsiders are present? 1) six or seven evenings a week, 2) three to five evenings a week, 3) two or fewer evenings a week, 4) never, no family"; "How often do you engage in activities besides work away from home when no member of your immediate family is present? 1) less than once a month, never, 2) once a month but not once a week, 3) at least once a week." Respondents select the alternative most typical of their family participation. Depending upon responses, subjects are placed into one of eight participation types, with one representing the maximum amount of family participation, and type eight representing the minimum amount of family participation. A .90 coefficient of reproducibility was observed for the scale. Analysis of study results is currently under way. Further information and a copy of the scale may be obtained from the author.

INVENTORY OF HOME STIMULATION

Little Rock, Center for Early Development and Education, University of Arkansas, 1970.

Caldwell, Betty M., Center for Early Development and Education, College of Education, University of Arkansas,
Little Rock, AR 72202

The Inventory of Home Stimulation is designed to assess the amount and quality of stimulation and support for development available within a young child's home environment (appropriate subjects are from birth to three years of age). The instrument involves a combination of interview and observation. It containes 45 items. Examples are: "Mother spontaneously vocalizes to child at least twice during visit" (excluding scolding); "Mother responds to child's vocalization with a verbal response"; "Child has three or more books of his own." The instrument is administered by having a trained interviewer go to the home. It requires no special materials other than the form itself and takes approximately one hour to administer and score. The instrument was developed as part of a research project concerned with relative patterns of infant learning to types of social environments; the inventory has been used in the author's research work as well as part of a collaborative assessment of high risk infants born in different parts of the country. Normative, reliability, and validity data, and a copy of the instrument may be obtained from the author.

LYONS RELATIONSHIP SCALES

Lyons relationship scales: A study of reliability. Journal of Consulting Psychology, 1961, 25(6), 556.

Goucher, Elizabeth L., Riggs, Laura E., Efron, Herman Y., Myers, Rebecca F., & Scanlan, Emily R., New Jersey Neuropsychiatric Institute, Princeton, NJ 08540.

The Lyons Relationship Scales (LRS) consists of two parts, Schedule I, The Relationship from the Viewpoint of the Patient, and Schedule II, The Relationship from the Viewpoint of the Relative. Each schedule consists of 13 items reflecting the description given by the patient of his relative or vice versa with reference to specific behavioral characteristics such as "Demandingness"; "Consideration of mate's views and feelings"; "Sharing of work"; "Degree of over-protectiveness"; "Expression of affection"; "Degree of hostility"; "Money arrangements and consideration of patient's illness." In addition there is an item on each schedule concerning each relatives' global evaluation of the "goodness" of the relationship, and one item which calls for the rater's evaluation of the relationship. The Hester's Q-index of reliability and Cohen's Kappa statistic yield satisfactory reliability for all but two items, "Sharing of work," and "consideration of patient's illness." Sample items include: "The patient feels that his relationship with the relative is a) very good, b) good, c) fair, d) poor, e) very poor." "The relative considers that the patient's participation in family activities is: a) Generally unsatisfactory, b) Sometimes satisfactory, and c) Usually satisfactory. Additional information and a copy of the instrument are available from Herman Y. Efron, Department of Medicine and Surgery, Veterans Administration, Washington, D.C. 20420.

PARENT CHILD COMMUNICATION RATING FORM A

Montreal, Canada, Sir George Williams University, 1971.

Marshall, George R., Department of Psychology, Sir George Williams University, Montreal, P. Q., Canada

The Parent Child Communication Rating Form (A) is an instrument designed to measure the amount of actual and preferred communication on various topic areas between father, mother, and teen-age child, as perceived by them. The instrument is intended for use with families containing a teen-age child and is designed primarily for the analysis of perceived patterns of communication within families in order to isolate difficulties and act as a rapid communication diagnostic tool. The instrument contains 27 items which are rated on a 7-point scale ranging from "very high" to "very low." Each item represents a topic or area of family communication and is evaluated by the subject both in terms of the quality of present family communication on the topic, and in terms of preferred communication. A sample item is: "How would you rate the communication that takes place (or how much communication would you prefer took place) between you and your wife/husband on the following subjects related to your son/daughter?" (e.g., sex, psychedelic drugs, money matters). The instrument was developed through discussion with teen-agers on areas of communication. The rating form is self-administered and required approximately 30 minutes. Scoring is computed on the basis of 7-point scale ranges and also requires approximately 30 minutes. Normative data on a sample of 100 Jewish families in Montreal and a varied sample of 65 families in Montreal have been computed and are available along with a copy of the instrument from the author.

PARENT CHILD COMMUNICATION RATING FORM B

Montreal, Canada, Sir George Williams University, 1971.

Marshall, George R., Department of Psychology, Sir George Williams University, Montreal, P. Q., Canada

The Parent Child Communication Rating Form (B) is an instrument designed to measure the amount of communication and the amount of agreement on various topic areas between father, mother, and teen-age child as perceived by them. The instrument is intended for use with families containing two teen-age children and is designed primarily for the analysis of perceived patterns of communication within families in order to isolate difficulties and act as a rapid communication diagnostic tool. The instrument contains 35 items comprising different areas or topics of possible family communication. For each topic item, the subject is asked to rate first the amount of communication on the topic that occurs in the family and then to rate the amount of agreement within the family on that topic. Ratings are made on 7-point scales ranging from "none" to "very high." A sample item is communication on people the young adult dates. The instrument was developed through discussion with teen-agers on areas of communication. It is self-administered in approximately 30 minutes and is scored in 30 minutes. Only normative data on a sample of 100 Jewish families in Montreal and another varied sample of 65 Montreal families have been obtained. A summary of those data and a copy of the instrument are available from the author.

PARENT-FIGURE INVOLVEMENT WITH CHILD DURING A HOME VISIT

Capitol Heights, MD, Early Education Project, 1972.

Conant, Margaret M., Supervisor, Child Study Programs, Prince George County Public Schools, Upper Marlboro, MD 20870

The Parent-Figure Involvement with Child During a Home Visit rating scale was designed to assess the progress of the parent figure in a tutorial setting. The instrument is a rating scale which a tutor uses to rate the parent figure's involvement. The 10 scale points on the rating scale are as follows: 9) "Parent figure took entire responsibility for planning and conducting session, using suggestions from other persons, and developing activities on own initiative"; 8) "Parent figure took entire responsibility for planning and conducting the session using tutor as only outside resource"; 7) "Parent figure took responsibility for conducting the session which had been planned jointly by parent and tutor"; 6) "Parent figure actively participated with child during session, one part of which was planned by the parent"; 5) "Parent figure actively participated with tutor and child during tutor-planned session"; 4) "Parent figure interacted with child in a situation structured by the tutor to require the parent figure's active participation"; 3) "Parent figure observed entire session and made some response during the session"; 2) "Parent figure observed entire sessions as tutor modeled behavior with child, but was not responsive"; 1) "Parent figure observed part of session, was inattentive part of session, as tutor modeled behavior with child"; 0) "Parent figure was not involved with child development goals of project." The rating scale takes about one per minute to complete. There are no normative, reliability, or validity data available. A copy of the instrument may be obtained from the author.

POWER INVENTORY

Sibling consensus on power tactics. Journal of Genetic Psychology, 1968, 112, 63-72.

Sutton-Smith, Brian, & Rosenberg, B. G., Teachers College, Columbia University, New York, NY 10027

The Power Inventory (PI) is an instrument designed to measure the power relations among siblings and the tactics used by the person on his siblings and parents. This instrument was used to study the effects of birth order on the individuals' display of power and powerlessness. The PI contains 40 items. Each item is rated on a 5-point scale from "never" to "always." Sample items include: "Ask for sympathy"; "Attack things"; "Threaten to hurt." The instrument can be self-administered or used as an interview schedule. There are three power classifications, high, low, middle. The highpower type uses such techniques or methods as command, physical restraint, making the other feel guilty, making the other person feel obligated, glorifying the job to be done, depriving of privileges, and reprimanding. The lowpower type uses sulking, prayer, wishful thinking, claiming illness, pleading and whining, appeal for sympathy, appealing to parents, teasing, and harassing. The middle type uses reason, explanation, flattery, bargaining, bribery, trickery, shouting, and anger. This instrument may be administered to either sex and individuals of all ages. Additional references are: Sutton-Smith, B., & Rosenberg, B. G. Age changes in the effects of ordinal position or sex role identification. Journal of Genetic Psychology, 1965, 107, 61-73; and Sutton-Smith, B., & Rosenberg, B. G. The sibling. New York: Holt, in press.

SCORING SYSTEM FOR HOME AND SCHOOL

Colorado, University of Denver, 1971

Bernal, Martha E., & North, J. A., Department of Psychology, University of Denver, 2327 East Evans Avenue, Denver, CO 80210

The Scoring System for Home and School is an instrument designed to record the occurrence of specified child behaviors and adult and peer responses to those child behaviors noted during observation. The instrument is intended for use with children, parents, and teachers and is designed primarily for scoring in the home or school to assess effectiveness of parent training in child management. Child initiated behaviors (such as commands, requests, spanking) are scored within 15-second time intervals. The scoring system was developed to assist in determining the structure of a parent training program for discipline problem boys. The instrument is scored by one or two trained observers who are paced every 15 seconds by a small, battery powered pacer. The data are collected on 8" x 11" sheets with a standard format and then keypunched onto cards. Reliability data can be obtained from the authors. Validity data are not available at this time but should be available by 1974. The scoring system has been tested and used with children from preschool through second grade. Information on the observer training process, the scoring system, and a copy of the instrument are available from the author for the reproduction fee.

THE SIMULATED FAMILY ACTIVITY MEASUREMENT TECHNIQUE

SIMFAM: A technique for observational measurement and experimental study of families. In: Aldous, Joan, et al. (Eds.), *Family problem-solving*. Hinsdale, IL: Dryden Press, 1971, p. 380-488.

Straus, Murray, & Tallman, Irving, Department of Sociology, University of New Hampshire, Durham, NH 03824

Simulated Family Activity Measurement (SIMFAM) Technique is a system for deriving measures of five aspects of family behavior and interactional structure through direct observation of family interaction under standardized conditions. The family is brought together to perform some task that will tend to elicit the type of behavior that will permit observation of the variables of interest. Many tasks could be used for this purpose. The task should be, however: a) Ambiguous and novel so that previous experience does not predetermine participation patterns; and b) Challenging and engrossing to minimize impact of observation techniques. Two such tasks are described in the source document. The main variables this technique is designed to assess are power distribution, support given by family members to each other, aspects of family communication patterns, family problem solving ability, and certain aspects of family creativity. A minimum of two persons is necessary to observe and record the SIMFAM variables. Data on observer consistency, validity information and other references to applications of SIMFAM and scoring instructions are available in the source document. More information may be obtained from the first author.

SUGGESTED QUESTIONS AND RORSCHACH RESPONSES

Boston, Massachusetts Mental Health Center, 1971.

Wild, Cynthia M., Massachusetts Mental Health Center, 74 Fernwood Road, Boston, MA 02115

The Suggested Questions and Rorschach Responses Assessment Procedure (SQRR) is a coding procedure used to record and investigate the patterns of interaction existing between family members (i.e., the father, mother, and child triad) of families of schizophrenic children. This coding procedure is part of a study whose major purpose was to develop automated measures of variables that have received empirical and/or theoretical support in the literature as being capable of differentiating the interactions of families of schizophrenic offspring from the interaction of families of normal offspring. The SQRR consists of having three coders observe and record family interaction during two sorts of tasks: 1) A 3-item 20 question task in which the family members as a group must decide upon questions to ask in order to discover which of 42 objects on a chart the experimenter is thinking of, and 2) A Rorschach card task in which the family as a group decides on one response for each of three inkblots. For each family member the following recordings are made: 1) During the 20 questions task, a) the number of questions which are suggested to be asked by a given family member, b) the number of those suggested questions which are actually asked, c) the ratio of asked to suggested, d) the number of questions asked without first being suggested and discussed (suggesting and asking simultaneously); 2) During the Rorschach task, the number of responses suggested by a given family member. These recordings are made on the basis of objectively specified coding criteria and constitute measures of the following variables: 1) Problem-solving efficiency (the number of questions required for solution); 2) Dominance (the individual whose suggested questions are most often asked can be seen as dominating the 20 questions task); and 3) Closure (the difficulties in reaching clear decisions which are reflected in large numbers of suggested questions and offered Rorschach responses). An observer codes suggested questions and responses by depressing keys on a keyboard, with different keys representing each member of the family triad. An extra keyboard allows simultaneous coding by a second observer in order to assess reliability. For coding of the 20 questions task, a family member's "S" (suggestion) key is pressed whenever he suggests a question, his "A" (asked) key is pressed whenever his suggested question is asked (by him or another family member), and his "SA" key is pressed whenever he suggests and asks a question simultaneously. Summary scores of average duration of time (minutes) from suggesting to asking are also computed. In addition density scores of a number of questions asked and suggested per minute during the total time of the 20 questions task are obtained for each member. These measures provide problem solving and dominance measures. For the Rorschach task, whenever a family member suggests a new Rorschach response (SR), his S button is pressed. These constitute suggestions for the Rorschach situation and similarly contribute to problem solving and dominance summary scores. Summary scores are obtained from a computer print out of observer's codings which are recorded on magnetic tape at the time of coding. Data are now being analyzed. Further information regarding the procedure and results to date may be obtained from the author.

THE WHO TO WHOM ASSESSMENT PROCEDURE

Boston, Massachusetts Mental Health Center, 1971.

Wild, Cynthia M., Massachusetts Mental Health Center, 74 Fernwood Lane, Boston, MA 02115

The Who to Whom Assessment Procedure is a coding procedure used to record and investigate the patterns to interaction of families (i.e., the father, mother, and child triad) of schizophrenic children. This coding procedure is part of a study whose major purpose was to develop automated measures of variables which have received empirical and/or theoretical support in the literature as being capable of differentiating the interactions of families of schizophrenics. Such variables include: 1) Dominance; 2) Dyadic alignments; 3) Intrusions and coding procedure. The Who to Whom coding is undertaken during family interaction in four different situations observed by coders by means of a one-way mirror. The situations used in the Who to Whom task are: 1) A 3-item 20 questions task in which the family as a group must discover which of the 42 objects on a chart the experimenter is thinking of by asking questions; 2) Three Rorschach cards for which family members as a group must decide on a response; 3) A 10-minute open-ended task in which the family is asked to discuss the question, "What is the best and worst thing that ever happened to you as a family?"; and 4) a 10-minute coffee break. The Who to Whom procedure is based upon recording who is speaking to whom. The target (whom) of the verbal behavior is defined primarily in terms of the eye movements of the speaker relative to the target. Criteria for coding the Who to Whom are objectively outlined by a manual. A coder observes the family interaction during the four situations. Every time the speaker (who) shifts the target of his gaze from one person to another, or to no one (whom), another unit is coded by the observer. A bit of information is recorded on magnetic tape whenever a key is depressed and whenever a key is released. An extra key board allows simultaneous scoring by a second observer in order to assess reliability. Thus, summary scores for the four communication variables (dominance, dyadic alignment, intrusions, and acknowledgment) are expressed in terms of number and duration. The variable of dominance is measured by the frequency and duration of speeches of speaker (who) and target of speeches (to whom); dyadic alignment is measured by frequency and duration of eye contacts between each possible pair of family members; intrusions are measured by counting the number of times a third family member speaks after a dyadic exchange between the other two members; acknowledgment is defined as the speaker becoming the target of the next communication unit. Data are now being analyzed. Further information regarding the procedure and results to date may be obtained from the author.

GENERATION DIFFERENCES

ACTIVITIES SCALE

Los Angeles, University of Southern California, Ethel Percy Andrus Gerontology Center, 1972.

Bengston, Vern, Gerontology Center, University of Southern California, Los Angeles, CA 90007

The Activities Scale is an instrument designed to measure associational solidarity, exchange of services and finances between three generations of family members (grandparent, parent, child). The instrument comprises a portion of a 25-page booklet of instruments entitled *A study of generations* (Phase A, Family Relations) which is used in a broad scale comparative study of attitudes and feelings of parents, grandparents, and young adults. The research served by the booklet is designed to discover existing similarities and differences between age groups in contemporary American Society. The Activities Scale contains 46 items divided into four parts. Part A contains 14 items to be rated on degree of frequency according to an 8-point scale ranging from "almost never" to "almost every day." The items represent activites engaged in by the respondent with respondent's father. A sample item is: "Dinner together." Part B contains identical items to part A but refers to joint activities between respondent and mother. Part C contains two forced choice items regarding frequency and target of financial assistance to child. The instrument is self-administered. To date, the major application of the scale has been in a generational study of some 5,000 subjects conducted by the University of Southern California Gerontology Center. A copy of the instrument is contained in the test booklet from that research and may be obtained from the center.

ATTITUDES QUESTIONNAIRE

Los Angeles, University of Southern California, Ethel Percy Andrus Gerontology Center, 1972.

Bengston, Vern, Gerontology Center, University of Southern California, Los Angeles, CA 90007

The Attitudes Questionnaire is an instrument desigged to measure perceived locus of the control for one's life outcomes. The dimension varies on an intend-extend continuum so that one end (intend) represents the view that one's outcomes are strictly under one's own control while the other (extend) represents the view that extend circumstances or forces control life's outcomes. The questionnaire comprises a position of a 20-page booklet of instruments entitled "*A study of generations*" (Phase B, Family Relations) which is used in a comparative study of attitudes and feelings of parents, grandparents, and young adults. The research served by the booklet is designed to discover similarities and differences that exist between age groups in contemporary American society. The questionnaire consists of 24 items of the dichotomous forced choice type. Sample items are: a) "I have often found that what is going to happen will happen"; b) "Trusting to fate has never turned out as well for me as making a decision to take a definite course of action"; and "I really don't have much influence over the things that happen in my life." Subjects respond "yes" or "no" to each item. The respondent is instructed to choose the statement in every case that he/she prefers or the one that is closest to his/her view. The instrument is self-administered as part of the entire test booklet. Respondents mail the completed booklet to the University of Southern California Gerontology Center. To date, the major application of the instrument has been in a generational study of some 5,000 subjects conducted by the center. A copy of the instrument is available in the Phase B test booklet and may be obtained from the center.

BEHAVIORS CHECKLIST

Los Angeles, University of Southern California, Ethel Percy Andrus Gerontology Center, 1972.

Bengston, Vern, Gerontology Center, University of Southern California, Los Angeles, CA 90007

The Behavior Checklist is an instrument designed to measure incidence of "counter cultural" behaviors performed by the respondent. The checklist contains a subset of behaviors or examples to be checked by the respondent if applicable to his own behavior. Sample items are: "Have you ever lived in a commune?"; "I use marijuana"; "I wear a bra." The respondent answers using a 5-point scale ranging from "never" to "always." The checklist comprises a portion of a 20-page booklet entitled *A study of generations* (Phase B, Family Relations) which is used in a comparative study of attitudes and feelings of parents, grandparents, and young adults. The research served by the booklet is designed to discover similarities and differences that exist between age groups in contemporary American society. The Behavior Checklist is self-administered and is mailed in the completed booklet to the University of Southern California Gerontology Center. To date, the major application of the instrument has been in a generational study of some 5,000 subjects conducted by the center. A copy of the instrument is available from the center.

BEHAVIORS SCALE

Los Angeles, University of Southern California, Ethel Percy Andrus Gerontology Center, 1972.

Bengston, Vern, Gerontology Center, University of Southern California, Los Angeles, CA 90007

The Behaviors Scale is an instrument designed to measure tolerance for deviance. The instrument comprises a portion of a booklet of instruments entitled A study of generations (Phase A, Family Relations, 25 pages) which is used in a broad-scale study of feelings and attitudes of parents, grandparents, and young adults. The research served by the booklet is designed to discover similarities and differences that exist between age groups in contemporary American society. The instrument contains 35 items, each of which represents an example of "deviant" behavior. The respondent is asked to indicate in a forced choice format how each example of deviant behavior should be treated. Choices range from: "Should be tried in court and formally punished" to "Should be rewarded in some way" with three intermediate treatments. Sample items are: "A heroin addict"; "A woman who engages in prostitution"; and "A girl or woman who does not wear a bra in public." The instrument is self-administered. To date, the major application of the instrument has been in a generational study of some 5,000 subjects conducted by the University of Southern California Gerontology Center. A copy of the instrument is contained in the test booklet from that research and may be obtained from the center.

EXPERIENCE CHANGE SCALE

Los Angeles, University of Southern California, Ethel Percy Andrus Gerontology Center, 1972.

Bengston, Vern, Gerontology Center, University of Southern California, Los Angeles, CA 90007

The Experience Change Scale is an instrument designed to obtain information about the timing of major changes (both for the better and for the worse) that occur in a person's life. The schedule is in a 20-page booklet of instruments entitled A study of generations (Phase B, Family Relations) which is used in a comparative study of attitudes and feelings of parents, grandparents, and young adults. The research served by the booklet is designed to discover similarities and differences that exist between age groups in contemporary American society. The scale is divided into two parts with 11 items in each. Part I lists areas of life change and asks the respondent to indicate the year (e.g., 1956) in which any major change(s) for the better may have occurred. If the area of change item is not applicable (e.g., if respondent has never been married) the response of never is entered. Sample items are: "Your marriage"; "Your financial situation"; "Your relationship with your friends"; "Your work situation"; "Your personal health." In Part II, the same list of 11 areas of change is presented and the respondent is asked to indicate the year in which things took a turn for the worse. The instrument is self-administered as part of the entire test booklet. Respondents mail the completed booklet to the University of Southern California Gerontology Center. To date, the major application of the instruments have been in a generational study of some 5,000 subjects conducted by the center. A copy of the instrument is contained in the Phase B test booklet and is available from the center.

FAMILY RELATIONS IN THREE GENERATIONS QUESTIONNAIRE

Los Angeles, University of Southern California, Ethel Percy Andrus Gerontology Center, 1972.

Bengston, Vern, Gerontology Center, University of Southern California, Los Angeles, CA 90007

The Family Relations in Three Generations Questionnaire is an instrument designed to provide family demographic information, marital status of parents, and distance from grandparents data. The questionnaire comprises a portion of a 25-page booklet of instruments entitled A study of generations (Phase A, Family Relations) which is used in a broad scale comparative study of attitudes and feelings of parents, grandparents, and young adults. The research served by the booklet is designed to discover similarities and differences which exist between age groups in contemporary American society. The questionnaire contains five items which are either forced choice or open-ended in format. A sample item is: "Are your natural parents living? both living, both deceased, father living, mother living (circle one)." The instrument is self-administered. To date, the major application of the questionnaire has been in a generational study of some 5,000 subjects conducted by the University of Southern California Gerontology Center. A copy of the instrument is available in the test booklet of that study and may be obtained from the center.

FAMILY RELATIONS SCALE

Los Angeles, University of Southern California, Ethel Percy Andrus Gerontology Center, 1972.

Bengston, Vern, Gerontology Center, University of Southern California, Los Angeles, CA 90007

The Family Relations Scale is an instrument designed to measure affectional solidarity between three generations of family members. The scale comprises a portion of a 25-page booklet of instruments entitled A study of generations (Phase A, Family Relations) which is used in a broad scale comparative study of feelings and attitudes between parents, grandparents, and young adults. The research served by the booklet is designed to discover existing similarities and differences between age groups in contemporary American society. The scale consists of 32 items, 30 of which are answered on the basis of 6-point rating scales and two of which are open-ended. Part A is "Your Child's Relations Toward You." A sample item is: "How much respect do you feel from this child?" Part B is "Your Relations Toward Your Child." A sample item is: "How much do you trust this child?" Part C is "You and Your Child." A sample item is: "Generally, how well do you and this child get along together?" Part D is "Your Parent's Relations Toward You" (i.e., same respondent, grandparent generation in question). A sample item is "How fair do you feel your parents are toward you?" Part E is "Your Relations Toward Your Parents," and Part F is "You and Your Parents." The instrument is self-administered with instructions to respondent to: "Go as rapidly as possible, circling the first answer that seems to fit." To date, the major application of the instrument has been in a generational study of some 5,000 subjects conducted by the University of Southern California Gerontology Center. A copy of the scale is available in the test booklet from that research and may be obtained from the center.

FEELINGS QUESTIONNAIRE

Los Angeles, University of Southern California, Ethel Percy Andrus Gerontology Center, 1972.

Bengston, Vern, Gerontology Center, University of Southern California, Los Angeles, CA 90007

The Feelings Scale is an instrument designed to measure avowed happiness, e.g., global affect, goals, marriage, parenthood, etc. The scale is essentially identical to the Bradburn Affect Balance Scale (Norman Bradburn, The structure of psychological well-being. Chicago: Aldine Publishing Company, 1969). The Feelings Scale comprises a portion of a booklet of instruments entitled A study of generations (Phase A, Family Relations, 25 pages) which is used in a broad-scale comparative study of feelings and attitudes of grandparents, parents, and young adults. The research served by the booklet is designed to discover similarities and differences that exist between age groups in contemporary American society. The instrument consists of six items, five of which are forced choice and one of which (with 10 subitems) is of the yes-no type. A sample item is: "Taking all things together, how would you say things are these days for you?" "Would you say you feel, (check one) very happy, pretty happy, not too happy?" The instrument is self-administered. To date, the major application of the instrument has been in a generational study of some 5,000 subjects conducted by the University of Southern California Gerontology Center. A copy of the instrument is contained in the booklet from that research and may be obtained from the center.

GOALS QUESTIONNAIRE

Los Angeles, University of Southern California, Ethel Percy Andrus Gerontology Center, 1972.

Bengston, Vern, Gerontology Center, University of Southern California, Los Angeles, CA 90007

The Goals Questionnaire is an instrument designed to measure values and goals by assessing what kinds of events people define as favorable or unfavorable. The questionnaire comprises a portion of a booklet entitled A study of generations (Phase A, Family Relations, 25 pages) which is used in a broad-scale comparative study of feelings and attitudes of parents, grandparents, and young adults. The research served by the instrument is designed to discover the similarities and differences that exist between age groups in contemporary American society. The instrument consists of two open-ended questions to which the respondent is required to provide given numbers of responses. The first question asks the respondent to provide 10 answers to the question: "What is a good thing that could happen that would please you or make you happy?" After providing the list of 10, the respondent is to go back and circle the number of the two best things out of the 10 given. The second question requires five answers to the question, "What is a bad thing that could happen that would displease you or make you unhappy?" Following this list, the respondent is asked to circle the worst thing that could happen out of the five listed. The instrument is self-administered. To date the major application of the instrument has been in a generational study of some 5,000 subjects conducted by the University of Southern California Gerontology Center. The instrument is contained in the test booklet from that research and may be obtained from the center.

HEALTH AND FINANCES CHECKLIST

Los Angeles, University of Southern California, Ethel Percy Andrus Gerontology Center, 1972.

Bengston, Vern, Gerontology Center, University of Southern California, Los Angeles, CA 90007

The Health and Finances Checklist is an instrument designed to obtain information regarding general financial and health status of the respondent. The checklist comprises a portion of a booklet of instruments entitled *A study of generations* (Phase A, Family Relations, 25 pages) which is used in a broad-scale comparative study of the attitudes and feelings of parents, grandparents, and young adults. The research served by the booklet is designed to discover existing similarities and differences between age groups in contemporary American society. The checklist consists of nine health items and 18 financial situation items. The respondent is asked to check for each item "yes" when the item describes his/her general financial situation or health, "no" beside an item that does not describe his/her situation and "?" when the respondent is undecided or when the item does not apply. Sample items are: "Never felt better"; "Feel tired all the time"; "High income"; "Receive public assistance." The instrument is self-administered. To date, the major applications of the instrument has been in a generational study of some 5,000 subjects conducted by the University of Southern California Gerontology Center. A copy of the checklist is contained in the test booklet of that research and is available from the center.

THE JAPANESE AMERICAN RESEARCH PROJECT INTERVIEW QUESTIONNAIRE

Socioeconomic mobility among three generations of Japanese Americans. In: *Assimilation and educational achievement: The case of the second generation Japanese American*. Los Angeles: University of California, 1973.

Levine, Gene N., Department of Sociology, 405 Hilgard, University of California, Los Angeles, CA 90024

The Japanese American Research Project Interview Questionnaires were devised for the purposes of conducting a 3-generational national survey of Japanese Americans, with the aim of investigating correlates of socioeconomic mobility. The three interviews used for this purpose are similar in content, tapping information in such areas as socioeconomic history, preservation of the Japanese tradition, assimilation into American culture, incorporation of American educational and socioeconomic goals, etc. The three interviews vary primarily in that they were directed toward first, second, and third generation Japanese-Americans respectively. During 1964 to 1966 the first generation interview was administered to 907 first generation Japanese-Americans by bilingual interviewers. The 3,817 offspring of the first sample were surveyed in 1967 by interviewers from the National Opinion Research Center and mail questionnaires using a modified version of the initial interview. In 1968 interview questionnaires were mailed to the 1,063 adult offspring of the second generation respondents. The three interview questionnaires consist of 200, 79, and 89 items respectively. Sample items from the instruments are: "Would you say the Nisei (second generation) are not American enough, too American, or just right?"; "Who do you think has higher social value, people who make, buy, or sell things for practical use, or people like scholars or artists?"; "Would you want your own children to take an active part with Caucasians, or stick pretty much with Japanese?" The first generation interview required 8 to 10 hours. The second and third generation interviews required about 60 to 90 minutes to administer. The findings suggest that the occupational and educational attainments of the first generation subjects in their native country are reflected in the achievements of the second and third generation subjects in this country. The results of the present study will appear (in part) in Levine, G. N., & Montero, D. M. Socioeconomic mobility among three generations of Japanese Americans. *Journal of Social Issues*, Summer, 1973; a more complete account of the results from the efforts of the Japanese American Research Project is forthcoming in a volume by Levine, G. N. & Montero, D. M. *The Japanese American community*: Persistence and transformation over three generations. Further information and copies of the instruments may be obtained from Darrel M. Montero, Japanese American Research Project, Kinsey Hall, UCLA, Los Angeles, CA 90024.

MORE OPINIONS SCALE

Los Angeles, University of Southern California, Ethel Percy Andrus Gerontology Center, 1972.

Bengston, Vern, Gerontology Center, University of Southern California, Los Angeles, CA 90007

The More Opinions Scale is an instrument designed to measure attitudes about various social issues. The scale contains items measuring attitudinal posture toward American foreign policy, sex and marriage, causes of poverty, civil disobedience, reactions toward student and black demands, McClosky conservatism, drugs, the corporate state and generational conflict. The scale comprises a portion of a booklet of instruments entitled *A study of generations* (Phase A, Family Relations, 25 pages) used in a broad-scale comparative study of feelings and attitudes of parents, grandparents, and young adults. The research served by the booklet is designed to discover existing similarities and differences between age groups in contemporary American society. The More Opinions Scale contains 22 items. Each item is a statement regarding some facet of social issues and is responded to on the basis of a 4-point rating scale of degree of agreement/disagreement. A sample item is: "There is too much concern with law and order in our country today." The scale is self-administered. To date, the major application of the instrument has been in a generational study of some 5,000 subjects conducted by the University of Southern California Gerontology Center. A copy of the instrument is available in the test booklet from that research and may be obtained from the center.

OPINIONS AND FAMILIES SCALE

Los Angeles, University of Southern California, Ethel Percy Andrus Gerontology Center, 1972.

Bengston, Vern, Gerontology Center, University of Southern California, Los Angeles, CA 90007

The Opinions About Families Scale is an instrument designed to measure general attitudes about familial behaviors, norms, and requirements. The scale is based upon the Familism Scale (Heller, P. Journal of Marriage and the Family, 32, 73-80, 1970). The Opinions About Families Scale comprises a portion of a booklet of instruments entitled *A study of generations* (Phase A, Family Relations, 25 pages) which is used in a broad-scale comparative study of feelings and attitudes of parents, grandparents, and young adults. The research served by the booklet is designed to discover differences and similarities that exist between age groups in contemporary American society. The instrument consists of 10 items all of which are to be answered on the basis of 4-point scales of agreement-disagreement. Sample items are: "Marriage should be regarded as extending established families, not just creating new ones"; and, "As many activities as possible should be shared by married children and their parents." The scale is self-administered. To date, the major application of the instrument has been in a generational study of some 5,000 subjects conducted by the University of Southern California Gerontology Center. The scale is contained in the test booklet from that research and may be obtained from the center.

OPINIONS ABOUT FAMILIES SCALE

Los Angeles, University of Southern California, Ethel Percy Andrus Gerontology, 1972.

Bengston, Vern, Gerontology Center, University of Southern California, Los Angeles, CA 90007

The Opinions of Other Family Members Scale is an instrument designed to assess level of empathy and understanding by respondent of members of his family. The instrument specifically asks the respondent to respond to a set of attitudinal statements on the basis of a 4-point scale of agreement-disagreement as he thinks his parents and child would. The scale comprises a portion of a booklet of instruments entitled *A study of generations*. (Phase A, Family Relations, 25 pages) which is used in a broad scale comparative study of feelings and attitudes of parents, and young adults. The research served by the booklet is designed to discover similarities and differences that exist between age groups in contemporary American society. The Opinions of Other Family Members Scale contains 25 items, each of which is a statement to be rated on agreement-disagreement of three people: "Child's opinion"; "Father's opinion"; and "Mother's opinion." The statements cover such areas as life values, religion, political beliefs, drugs, etc. Sample items are: "It is a man's duty to work"; "It is sinful to be idle"; "Smoking marijuana is relatively harmless"; "God exists in the form in which the Bible describes Him." The scale is self-administered. To date, the major application of the instrument has been in a generational study of some 5,000 subjects conducted by the University of Southern California Gerontology Center. A copy of the scale is contained in the test booklet from that research and may be obtained from the center.

OPINIONS RATING SCALE

Los Angeles, University of Southern California, Ethel Percy Andrus Gerontology Center, 1972.

Bengston, Vern, Gerontology Center, University of Southern California, Los Angeles, CA 90007

The Opinion Rating Scale is an instrument designed to measure ideology concerning traditional role status in marital and familial relationships. In addition, the instrument also contains self-esteem indicators as covariants with role status beliefs. The rating scale comprises a portion of a 20-page booklet of instruments entitled *A study of generations* (Phase B, Family Relations) which is used in a comparative study of attitudes and feelings of parents, grandparents, and young adults. The research served by the booklet is designed to discover similarities and differences that exist between age groups in contemporary American society. The rating scale contains 33 items. Each item is represented by a statement followed by a 4-point rating scale of degree of agreement. Sample items are: "Some equality in marriage is a good thing but by and large the husband ought to have the main say in family matters"; "It goes against nature to place women in positions of authority over men"; "Compared with most people I know I am a good parent." The instrument is self-administered as part of the entire booklet. Response set control consists of alternating statements for which agreement indicates traditional ideology with those for which disagreement indicates such ideology. Respondents mail the completed booklet to the University of Southern California Gerontology Center. To date, the major application of the instrument has been in a generational study study of some 5,000 persons conducted by the center. A copy of the instrument is available in the Phase B booklet and may be obtained from the center.

OTHER ASPECTS OF FAMILY LIFE SURVEY

Los Angeles, University of Southern California, Ethel Percy Andrus Gerontology Center, 1972.

Bengston, Vern, Gerontology Center, University of Southern California, Los Angeles, CA 90007

The Other Aspects of Family Life Survey is an instrument designed to obtain evidence of a "generation gap" in a family and data concerning the specific nature of disagreements between family members of different generations (e.g., parent and child). It comprises a portion of a booklet of instruments entitled *A study of generations* (Phase A, Family Relations, 25 pages) which is used in a broad-scale comparative study of the attitudes and feelings of parents, grandparents, and young adults. The research served by the booklet is designed to discover similarities and differences which exist between age groups in contemporary American society. The survey consists of three open-ended questions: 1) "In what ways is the "generation gap" evident in your family?"; 2) "In all families there are disagreements from time to time. What are the three or four things that you disagree about *most* with your child (even if not openly discussed)?"; 3) "What are the three or four things you disagree about *most* with your parents (even if not openly discussed)?" The survey is self-administered. To date, the major application of the instrument has been in a generational study conducted by the University of Southern California Gerontology Center. A copy of the instrument is contained in the test booklet from that research and may be obtained from the center.

QUESTIONS ON GENERATIONS RATING SCALE

Los Angeles, University of Southern California, Ethel Percy Andrus Gerontology Center, 1972.

Bengston, Vern, Gerontology Center, University of Southern California, Los Angeles, CA 90007

The Questions on Generations Rating Scale was designed to elicit respondents' opinions on the degree to which a "generation gap" exists among members of their own family and to which such a gap exists between age groups in American society as a whole. The rating scale is in a 20-page booklet of instruments entitled *A study of generations* (Phase B, Family Relations) which is used in a comparative study of attitudes and feelings of parents, grandparents, and young adults. The research served by the booklet is designed to discover similarities and differences that exist between age groups in contemporary American society. The rating scale consists of two generation questions which are answered with reference to specific comparisons on the basis of a 6-point scale. The scale is anchored at one end in "no gap whatsoever" and in the other with "very wide gap." Question one reads: "Many people talk about the generation gap in families these days. In your own opinion, how big is the gap between the three generations in your own family?" Respondents then rate the degree to which they perceive a gap to exist, respectively, between youth and parents, parents and grandparents, and youth and grandparents. The second question is similarly structured but requires ratings with reference to age groups generally as they exist in the American society as a whole. The instrument is self-administered as part of the entire test booklet. Respondents mail the completed booklet to the University of Southern California Gerontology Center. To date, the major application of the instrument has been in a generational study of some 5,000 subjects conducted by the center. A copy of the instrument is available in the Phase B test booklet and may be obtained from the center.

RELATIONS WITH IN-LAWS QUESTIONNAIRE

Los Angeles, University of Southern California, Ethel Percy Andrus Gerontology Center, 1972.

Bengston, Vern, Gerontology Center, University of Southern California, Los Angeles, CA 90007

The Relations With In-Laws Questionnaire is an instrument designed to measure global solidarity of respondent with his/her in-laws, distance from in-laws, and extent and type (conjugal or alone) of visits with in-laws. The questionnaire comprises a portion of a booklet of instruments entitled *A study of generations* (Phase A, Family Relations, 25 pages) which is used in a broad-scale comparative study of parents, grandparents and young adults with regard to attitudes and feelings. The research served by the booklet is designed to discover existing similarities and differences between age groups in contemporary American society. The questionnaire contains 12 questions, most of which are answered on the basis of a 6-point scale. A sample item is: "How often do you do things together with your father-in-law?" Possible answers range from "seldom" to "extremely often." The questionnaire is self-administered. To date the major application of the instrument has been in a generational study of some 5,000 subjects conducted by University of Southern California Gerontology Center. A copy of the questionnaire is contained in the test booklet from that research and is available from the center.

RELIGION QUESTIONNAIRE

Los Angeles, University of Southern California, Ethel Percy Andrus Gerontology Center, 1972.

Bengston, Vern, Gerontology Center, University of Southern California, Los Angeles, CA 90007

The Religion Questionnaire is an instrument designed to measure degree of participation in organized religion, e.g., positions held in religious organizations, practice, self-assessed devoutness, affiliation, etc. The questionnaire comprises a portion of a booklet of instruments entitled A study of generations (Phase A, Family Relations, 25 pages) which is used in a comparative study of feelings and attitudes of parents, granoparents, and young adults. The research served by the booklet is designed to discover differences and similarities that exist between age groups in contemporary American society. The questionnaire contains nine items. One of these is an open-ended question asking about childhood church affiliation. Four other objective items ask about frequency of past and present church attendance, degree of religious commitment, and present affiliation with church organizations. The last four items concern religious attitudes. These items were adapted from a scale developed by Comrey, A. L., & Newmeyer, J. Measurement of radicalism-conservatism. Journal of Social Psychology, 1965, 67, 357-369. To date the major application of the instrument has been in a generational study of some 5,000 subjects conducted by the University of Southern California Gerontology Center. A copy of the questionnaire is contained in the research booklet from that research and may be obtained from the center.

SCHEDULE OF LIFE EVENTS

Los Angeles, University of Southern California, Ethel Percy Andrus Gerontology Center, 1972.

Bengston, Vern, Gerontology Center, University of Southern California, Los Angeles, CA 90007

The Schedule of Life Events is an instrument designed to obtain information about the timing of important events that occur in the course of a person's life. The schedule comprises a portion of a 20-page booklet of instruments entitled A study of generations, (Phase B, Family Relations) which is used in a comparative study of attitude and feelings of parents, grandparents, and young adults. The research served by the booklet is designed to discover similarities and differences that exist between age groups in contemporary American society. The schedule contains 39 items, each of which represents a description of a significant life event. Respondents are instructed to write down the year in which the event happened to them for each event listed. In the instance where the event is not applicable (i.e., has not occurred) the respondent writes "Never." For some events, more than one date is accepted Sample items are: "You lost a job (fired, laid off, or you quit)"; "A child left home against your will"; "You had an important spiritual experience"; "Death of a patient"; "The instrument is self-administered as part of the entire test booklet. Respondents mail the completed booklet to the University of Southern California Gerontology Center. To date, the major application of the instrument has been in a generational study of some 5,000 subjects conducted by the center. A copy of the instrument is available in the test booklet and may be obtained from the center.

STUDENT'S FORM

Riverdale, The Hebrew Home for the Aged, 1971.

Wolk, Robert L., The Hebrew Home for the Aged, 5901 Palisade Avenue, Riverdale, NY 10471

The Student's Form (SF) is an instrument designed to elicit demographic data, to measure attitudes towards one's grandmother and grandfather and to determine the method of childrearing used by his parents and grandparents. This instrument asks the respondent to describe the personality characteristics of his grandmother, grandfather, mother, and father, and how much he resembles them. The SF also measures the closeness of the person's relationship to his grandparents, how often he saw them as a child, and how often the respondent would talk to his grandparents about his goals, values, family secrets, sex, religion, boy-girl relationships, grandparent's childhood, etc. The respondent rates his parents and grandparents on their leniency and strictness. In addition, the respondent is asked to give an open-ended response on how he will see himself 5, 25, 50 years from the present and where he would want to live in his old age. Sample items from this instrument include: "Whom do you resemble the most?"; "What customs, values, and traditions that your grandparents observe would you like to see perpetuated?"; "Please describe some personality characteristics of your mother." Additional information and a copy of the instrument are available from the author.

VALUES SCALE

Los Angeles, University of Southern California, Ethel Percy Andrus Gerontology Center, 1972.

Bengston, Vern, Gerontology Center, University of Southern California, Los Angeles, CA 90007

The Values Scale is an instrument designed to measure rank order of value orientations. The scale comprises a portion of a booklet of instruments entitled *A study of generations* (Phase A, Family Relations, 25 pages) used in a broad-scale study of feelings and attitudes of parents, grandparents, and young adults. The research served by the booklet is designed to discover similarities and differences that exist between age groups in contemporary American society. The Values Scale contains two lists of eight items, each of which represents a particular value orientation. The respondent is asked to rank order the items from one to eight according to importance in their own life. Sample items from list one are: "An exciting life" (novelty, adventure); "Service" (devotion to bettering mankind); and "Financial comfort" (enough to have the things you really want in life). Sample items from list two include: "An ethical life"; "An attractive appearance"; and "Patriotism." The Values Scale is self-administered. To date, the major application of the instrument has been in a generational study of some 5,000 subjects conducted by the University of Southern California Gerontology Center. A copy of the instrument is contained in the test booklet from that research and may be obtained from the center.

WHO ARE YOU COMPLETION FORM

Los Angeles, University of Southern California, Ethel Percy Andrus Gerontology Center, 1972.

Bengston, Vern, Gerontology Center, University of Southern California, Los Angeles, CA 90007

The Who Are You Completion Form is an instrument designed to elicit multiple, rapid self-descriptions. The form is in a 20-page booklet of instruments entitled *A study of generations* (Phase B, Family Relations) which is used in a comparative study of attitudes and feelings of parents, grandparents, and young adults. The research served by the booklet is designed to discover similarities and differences that exist between age groups in contemporary American society. The completion form consists of 20 blank lines on which the respondent is instructed to give as many descriptions of himself as he likes, one word or phrase to each line. The descriptions are to be written as if they are made "to yourself" and not to someone else. Each description is to be written as quickly as possible, as it comes to mind without regard for logic or importance. After completing the list of self-descriptive phrases and words, the respondent is asked to go back and circle the three most important or relevant phrases. Finally, the repondent is asked to reread each phrase and put a mark in the brackets by the statement as follows, a "+" if the statement is something regarded by the respondent as good or favorable, a "-" if the statement is regarded as bad or unfavorable, and a "0" if the statement is neither good nor bad, favorable nor unfavorable, or if the respondent cannot make a decision regarding its favorability. The rating of statements as "good," "bad," or "neutral" is to be done as quickly as possible. The instrument is self-administered as part of the test booklet. Respondents mail the completed booklet to the University of Southern California Gerontology Center. To date, the major application of the instrument has been in a generational study of some 5,000 subjects conducted by the center. A copy of the instrument is contained in the Phase B test booklet and is available from the center.

GERIATRICS / GENERAL

ATTITUDES TOWARD OLD PERSONS SCALE

The Development of physiological and psychological measures predictive of adjustment to disability. Albertson, NY. Human Resources Research and Training Institute, 1966.

Block, J. R., & Yuker, H. E., 21 Roxen Road, Rockville Center, New York, NY 11570

Attitudes Toward Old Persons Scale (ATOP) is an instrument designed to measure prejudicial or nonaccepting attitudes toward the aged. The ATOP items were developed by drawing from and adding to the positive and negative subscales developed by Kagan, N. (Attitudes toward old people: The development of a scale and an examination of correlates. Journal of Abnormal Social Psychology, 1961, 62, 44-54). The ATOP is a Likert-type scale consisting of 18 items, 11 of which express negative sentiments toward the aged, and seven of which express favorable attitudes toward the aged. Sample items from the scale are: "It would probably be better if most old people lived in residential units with people of their own age"; "Most old people are really no different from anybody else"; "They're as easy to understand as younger people"; "Most old people get set in their ways and are unable to change"; "Most old people can be counted on to maintain a clean, attractive home." The items are rated in terms of a 6-point scale ranging from plus three to minus three (with zero excluded). The response options designated scale points range from: "I agree completely" to "I disagree completely." High scores are interpreted to reflect favorable attitudes toward the old, while low scores represent negative or prejudicial attitudes toward old persons. The ATOP was administered to a sample of 88 college students and limited normative data were compiled. Internal consistency of the instrument has been estimated to be .86. The ATOP has been employed to determine changes in self and interpersonal attitudes as the result of remotivation techniques used on elderly persons in nursing homes. Copies may be obtained from Ruth Bennett, 21 Roxen Road, Rockville Center, New York, NY 11570 or from the first author.

BODY DISCOMFORTS QUESTIONNAIRE

Studies of body image (I): Body worries and body discomforts. Journal of Gerontology, 1971, 26(3), 344-350.

Plutchik, Robert, Weiner, M. Bakur, & Conte, Hope, Bronx State Hospital, 1500 Waters Place, Bronx, NY 10461

The Body Discomforts Questionnaire is an instrument designed to measure how much and where an individual felt discomfort in or on his body. The test is concerned with the average frequency with which individuals reported various body discomforts. The instrument consists of 23 words to which the subject must respond with one of three alternatives, "never," "sometimes," "often." The parts of the body listed are hair, head, ears, eyes, nose, mouth, neck, shoulders, arms, hands, fingers, chest, breasts, stomach, back, behind, penis, vagina, thighs, knees, legs, feet, toes. The questionnaire was one of nine paper and pencil tests designed to tap various aspects of an individual's body image, which were administered to six different groups of subjects, senior citizens attending a community center, residents of a home for the aged, geriatric exmental patients, geriatric patients from a state hospital, mental patients from a state hospital, university students. Data were analyzed in terms of three basic questions: "Were there certain discomforts which were common to all groups?"; "Were there differences among the overall mean scores for the groups?";"Were there sex differences on individual items?" The data suggest the hypothesis that a person's bodily discomforts are not related to age but reflect special life circumstances. A copy of the instrument is available in the source document.

BODY WORRIES QUESTIONNAIRE

Studies of body image. I. Body worries and body discomforts. Journal of Gerontology, 1971, 26(3), 344-350.

Plutchik, Robert, Weiner, M. Bakur, & Conte, Hope, Bronx State Hospital, 1500 Waters Place, Bronx, NY 10461

The Body Worries Questionnaire is an instrument designed to measure how worried an individual is about his body. The test is concerned with the average frequency with which individuals reported various body worries. The instrument consists of 15 questions to which the subject responds with "never," "sometimes," "often." Sample questions are: "Do you worry about getting headaches?"; "Do pains in your heart or chest make you afraid?"; "Are you afraid of having an asthma attack?"; "Do you worry about becoming constipated?" The questionnaire was one of nine paper and pencil tests designed to tap various aspects of an individual's body image. These tests were administered to six different groups of subjects, senior citizens attending a community center, residents of a home for the aged, geriatric exmental patients, geriatric patients from a state hospital, mental patients from a state hospital, and university students. The data were analyzed in terms of three basic questions: "Were there certain worries which were common to all groups?"; "Were there differences in the overall mean scores for the groups?"; "Were there sex differences on individual items?" The data suggest the hypothesis that a person's bodily worries are not related to age but reflect special life circumstances. A copy of the instrument is available in the source document.

CHECKLIST OF CRITERIA FOR COMMUNITY PLACEMENT
Placement of elderly psychiatric patients. Geriatrics, 1969, 24, 129-133.

Yood, Bernard, & Davis, E. D., Veterans Administration, 200 Springs Road, Bedford, MA 01730

The Checklist of Criteria for Community Placement is an instrument designed to provide consistent, objective criteria as guidelines for the placement of elderly psychiatric patients who have been deemed sufficiently rehabilitated to function in the community. The checklist was developed to assist in the selection of the most appropriate placement category for rehabilitated psychiatric patients 60 years of age or older. Items for the checklist were developed by asking ward personnel to itemize the kinds of behaviors which they considered indicative of readiness for community placement in six possible placement categories. The placement categories were: "Family care"; "Nursing home"; "Rest home"; "Domiciliary"; "Return to family"; "Own custody." From an analysis of the behaviors listed by ward personnel, a number of general criteria found to be related to successful placement in each of the six categories were identified. The number of checklist criteria in each category range from 6 to 17. Criteria consist of short, simple statements selected for their unambiguous and commonly accepted meaning. Sample criteria from the domiciliary placement category are: "No longer requires special facilities of hospital"; "Nonalcoholic"; "Minimal residual of psychosis"; "Capable of self-medication." An indication of this instrument's predictive power comes from the fact that of the 120 elderly patients placed by means of this instrument, only 15 were returned to the hospital for psychiatric reasons. Further information and a copy of the checklist may be obtained from the author.

ENVIRONMENTAL CHARACTERISTIC SCHEDULE
Philadelphia, Gerontological Research Institute, 1971.

Lawton, M. Powell, Philadelphia Geriatric Center, 5301 Old York Road, Philadelphia, PA 19141

The Environmental Characteristic Schedule (ECS) is an instrument designed to elicit the opinions of occupants on housing. The ECS is intended for use with elderly people and was designed primarily for a national survey of housing for the elderly. The ECS contains 24 checklist items concerning various appurtenances in the home, like stoves and closets, which an interviewer checks off as positive or negative depending on the interviewee's comments concerning the item's function, acceptability, and need for improvement. There are also 60 compound questions in various multiple-choice and open-ended modes dealing with ease of housekeeping, satisfaction with appurtenances and appliances, ease of socialization in the environment, commercial meal service availability, laundry methods, availability of help during emergencies, and safety factors. A sample item is: "If you were in your apartment and you had an accident, how would call for help?" The ECS is administered by an interviewer who checks off or writes down the verbal responses of the subject. It takes approximately 30 minutes to administer. To date, the major application of the instrument has been in research on housing for the elderly. A copy of the ECS is available from the author.

THE FRIENDLY VISITOR INTERVIEW SCHEDULE
New York, Columbia University, 1972.

Bennett, Ruth, Box 59, Teachers College, Columbia University, New York, NY 10027

The Friendly Visitor Interview Schedule is an instrument designed as part of a study investigating the attitudes, characteristics, and living conditions of elderly persons residing both in nursing homes and within the community. The present instrument was specifically designed to provide information on the community. The instrument consists of a structured interview format by which an interviewer conducts 12 weekly visits or interviews in the respondent's home. All 12 interviews are identical in format. Interviews one through six, however, vary with respect to the content of questions asked of the respondent; interviews seven through twelve thus repeat identically both the format and content of interviews one through six. The first interview is designed to collect information on the respondent's demographic characteristics (e.g., "Occupation," "Education," "Place of birth," "Marital status," etc.) and social history (e.g., "Do you see relatives or friends?"; "Did you belong to organizations?"; "Did you see anyone this month?") In addition, during the first interview (and each successive interview) the respondent is asked to express his attitudes on some social issue (e.g., "Crime," "Students," "Welfare," "Dissent," "Pollution," etc.) When the interview is completed, the interviewer completes a checklist of respondent's behavioral characteristics during the interview. This same checklist is completed by the interviewer at the conclusion of each interview. Interview two includes questions on services for the elderly, their adequacy, and the need for multi-purpose senior centers. For interviews three to five, respondents are asked to express attitudes on a given social issue. Interview six includes a checklist of seven items designed to measure emotional state and anomie. Sample items from the interviews are: "Tell me about the friends that you've been close to"; "Should multi-purpose centers provide periodic telephone contact with old people living in the community?"; "Have you felt you can't overcome difficulties?" Sample items completed by the interviewer at the close of each session are: "Was anyone present during visit?"; "Apartment condition?"; "Did visitee, keep complaining about physical condition or symptoms? shout, yell, or scream? cry or be tearful? exhibit abnormal motor behavior which is very likely due to effect of medication?" Further information regarding the application of this instrument as well as a copy of the Interview Schedule may be obtained from the author.

HOME FOR THE AGED DESCRIPTION QUESTIONNAIRE

The definition and measurement of the institutional environment in homes for the aged. Gerontologist, 1968, 8(3), 207-210.

Pincus, Allen, School of Social Work, University of Wisconsin, Madison, WI 53706

The Home for the Aged Description Questionnaire (HDQ) is an instrument designed to measure the dimensions of institutional environment and various aspects of the institutional setting in homes for the aged. The HDQ was designed for administration to staff members in homes for the aged. It consists of 36 statements describing various aspects of life in such homes. These items are constructed to reflect four dimensions of an institutional environment identified by the instrument author (public-private, structured-unstructured, resource sparse-resource rich, and integrated-isolated). These items cover three institutional setting aspects (physical plant; rules, regulations and program; and staff behavior). A sample item is: "The residents are encouraged to work out problems among themselves." Respondents are asked to rate each statement on a 5-point scale of truth-falsity. According to the author, the HDQ is relatively simple to administer and even the least educated staff members should be able to complete it. It takes at most about 15 minutes to complete. A factor analysis of 263 questionnaires obtained from staff members at three homes for the aged produced factors which approximated the hypothesized dimensions of the institutional environment. Intercorrelations of the dimension scores are very low, suggesting that they are fairly independent. As the instrument is still under development, normative, reliability, and validity data are not yet available. A copy of the instrument is available from the author. See also: Pincus, A. Toward a conceptual framework for studying institutional environments in homes for the aged. Unpublished doctoral dissertation, University of Wisconsin, 1968. Available from University Microfilms, Ann Arbor, MI. Order Number 68-5344.

THE LIFE SATISFACTION INDEX Z

Chicago, University of Chicago, 1969.

Adams, David L., & Havighurst, Robert J., Department of Education, University of Chicago, 5835 Kimbark Avenue, Chicago, IL 60637

The Life Satisfaction Index Z (LSIZ) was developed out of an analysis and revision of an earlier scale designed to measure the psychological adjustments of elderly persons, The Life Satisfaction Index A (See Neugarten, B. L., Havinghurst, R. J., & Sheldon, S. T. The measurement of life satisfaction. Journal of Gerontology, 1961, 16, 134-143). The present form of the instrument was developed on the basis of extensive item and factor analyses performed on the original instrument. As a result, the improved version, LSIZ, from which certain items have been dropped, is now recommended for use. (See Adams, D. L. Analysis of a life satisfaction index. Journal of Gerontology, 1969, 24, 470-474). The LSIZ is self-administering and requires only a few minutes to complete and score. The LSIZ consists of 18 items. Sample items are: "I am just as happy as when I was younger"; "I feel old and somewhat tired." Subjects are asked to rate items in terms of "agree," "disagree," and "?." The LSIZ is presented fully in the Adams article. A recent revision of the instrument is reproduced in the following publication: Havighurst, R. J., Munnichs, J. P., Neugarten, B. L., & Thomae, H. Adjustment to retirement: Cross-national study of retirement. New York: Humanities Press, 1970. Further information is available from the author.

THE LIFE SATISFACTION INDEX A AND B

The measurement of life satisfaction. Journal of Gerontology, 1961, 16, 134-143.

Neugarten, Bernice L., Havighurst, R. J., & Tobin, S. S., Department of Education, University of Chicago, 5835 Kimbark Avenue, Chicago, IL 60637

The Life Satisfaction Index A and B (LSIA, LSIB) are instruments designed to measure the psychological well-being of older people. The indices are intended for use with older persons and were developed by the use of criterion grouping (those persons who had scored high and low on an earlier developed life satisfaction rating interview). It is a self-report instrument, taking only a few minutes to administer and score. The LSIA comprises 25 attitude items requiring a response of "agree," "disagree," or "?." A sample item is: "As I grow older, things seem better than I thought they would be." The Life Satisfaction Index B comprises 12 open-ended questions and checklist items, to be scored on a 3-point scale. A sample item is: "How satisfied would you say you are with your way of life? very satisfied, fairly satisfied, not very satisfied." Some validity data, and the two indices are available in the source document.

MULTIPLE CENTER CONCEPT SURVEY OF RESIDENTIAL SETTINGS FOR THE AGED

New York, Columbia University, 1972.

Bennett, Ruth, Box 59, Teachers College, Columbia University, New York, NY 10027

The Multiple Center Concept Survey of Residential Settings For The Aged is an interview format instrument designed to tap the attitudes of residents and employees of housing facilities for the aged regarding the perceived efficacy of multi-purpose senior centers able to provide inpatient and outpatient medical and recreational services for well elderly persons. The interview is also intended to tap the attitudes of respondents regarding the particular housing facility with which they are affiliated (as residents or staff) and its ability to meet the needs of its residents. The interview taps information in the following areas: "Characteristics of present facility"; "Characteristics of ideal facility"; "Needed community services for the aged"; "Opinions regarding proposed multi-purpose senior centers" "Attitudes toward the aged"; "Conservatism"; "Demographic characteristics of respondents"; etc. Sample items from the interview are: "Would community agencies be better suited to provide service to the aged in the community than nursing homes and homes for the aged?"; "What best describes the way residents in this home get along with the staff?"; "Should personal contact through a friendly visitor service be offered to the aged in the community by these multi-purpose centers?"; "Do many residents do the recreation activities in the home?"; "Social reformers are nothing but trouble, they just stir things up and make life miserable for everyone." Items require open-ended and multiple-choice responses primarily consisting of "disagree," "agree," and "don't know." The interview consists of 92 items which require 45 to 90 minutes to administer. Further information regarding the application of this interview outline, the investigation of which it is a part, and a copy of the instrument may be obtained from the author.

THE PCG MORALE SCALE
New York, Columbia University, 1971

Bennett, Ruth, Box 59, Teachers College, Columbia University, New York, NY 10027

The PCG Morale Scale is an instrument designed as part of a study investigating the attitudes, living conditions, and characteristics of elderly persons residing both in the community and in nursing homes for the aged. The purpose of the investigation is to examine the adequacy of present inpatient and outpatient facilities for the elderly, with the intention of making recommendations regarding the development of multi-purpose senior centers. The instrument is specifically designed to provide a measure of respondents' emotional adjustment. The instrument consists of 23 items. Respondents are asked to express their agreement with or their response to each statement by checking one of the responses provided. Response options vary from item to item. Sample items from the scale are: "How much do you feel lonely?"; "Things keep getting worse as I get older"; "As you get older, are you less useful?"; "I sometimes feel that life isn't worth living"; "I am as happy now as I was when I was younger"; "Most days I have plenty to do." The instrument is self-administering and requires about 20 to 25 minutes for completion. Further information regarding the application of the instrument and a copy of the scale may be obtained from the author.

THE PHILADELPHIA GERIATRIC CENTER ADULT PERSONALITY RATING SCALE
Excess disabilities of mentally impaired aged: Impact of individualized treatment. The Gerontologist, 1971, 11(2), 124-133.

Brody, Elaine M., Kleban, M. H., Lawton, M. P., & Silverman, H. A., Director, Department of Social Work, Philadelphia Geriatric Center, 5301 Old York Road, Philadelphia, PA 19141

The Philadelphia Geriatric Center-Adult Personality Rating Scale (PGC-ARPS) is an instrument designed to provide information regarding the personality traits of the mentally impaired aged. The instrument was developed to examine the relationship between the personality traits exhibited by elderly subjects during their middle years (as reported by their children and other relatives) and their subsequent improvement in old age functioning as the result of treatment. The instrument consists of 50 items describing a number of personality traits. Sample items from the scale are: "Tendency to be interested and active in many things"; "Tendency to enjoy other people"; "Tendency to be irresponsible"; "Tendency to be stubborn"; "Neatness of physical appearance, etc." Items are rated by the subject's offspring and other relatives in terms of a 5-point scale from "very low," to "very high." The information provided about the personality traits exhibited by elderly paitents in middle age is used to represent "baseline" information. Relatives and social workers also completed additional sets of the ARPS so as to reflect the subject's current personality structure. Comparisons of baseline and current ratings were used in order to formulate diagnoses and patient specific treatment plans designed to improve functioning in these mentally impaired aged women. The present scale was used in conjunction with a battery of diagnostic instruments in the above treatment program. Sixty-four mentally impaired female geriatric patients in a home for the aged were tested. It was found that a great many subjects previously labeled "untreatable" responded quite favorably to treatment, showing greatest improvements in the areas of family relationships and participation in activities. Further information and a copy of the scale may be obtained from the author.

PHILADELPHIA GERIATRIC CENTER MORALE SCALE
The dimensions of morale. New York, Annual Meeting of the Gerontological Society, November 4, 1966.

Lawton, M. Powell, Philadelphia Geriatric Center, 5301 Old York Road, Philadelphia, PA 19141

The Philadelphia Geriatric Center Morale Scale (PGCMS) is an instrument designed to measure morale in the elderly. It was constructed primarily for research. The PGCMS contains 22 questions, most of them requiring "yes" or "no" to be checked off, and some with evaluative choices. An example of the latter is: "As you get older, are things (better, worse, same) than you thought they would be?" The questionnaire is self-administered and takes approximately three minutes to complete. Reliability data are reported in the source document. A principal components analysis of the scale items was performed and intercorrelations among factor scores are reported in the source document. To date, the major application of the instrument has been in research. A copy of the PGCMS is available from the author. A 41-item morale scale printed in Hebrew and containing many of the same items as the PGCMS is also available.

THE PHYSICAL HEALTH STATUS SCALES

Excess disabilities of the mentally-impaired aged: Impact of individualized treatment. The Gerontologist, 1971, 11(2), 124-133.

Brody, Elaine M., Kleban, M. H., Lawton, M. P., & Silverman, H. A., Director, Department of Social Work, Philadelphia Geriatric Center, 5301 Old York Road, Philadelphia, PA 19141

The Physical Health Status Scales is an instrument designed as part of a study attempting to develop multi-disciplinary patient specific treatment for the mentally impaired institutionalized patients of a home for the aged. The purposes of the study were to secure baseline evaluations as to patients' abilities and level of functioning, make diagnoses, plan and implement treatments specifically geared to individual differences in the patients' physical condition, personality, and adaptive capabilities. The present instrument was designed as an eight-scale index of patients' physical health. The eight indices of physical health sampled by the instrument are: 1) Hospitalized; 2) Current need of proximity to medical treatment; 3) Severe health impairing conditions; 4) Minor, acute, or chronic conditions; 5) Estimate of remaining years of life; 6) Overall estimate of subject's current level of activity; 7) Impairment of sense modalities; 8) Impairment of motor responses. Each of these scales is rated by a physician. Ratings are made by either selecting one of five response options listed below each item or by listing the responses in a space provided. Sample items from the scale are: "Hospitalization, 1) no hospitalization in past three years, 2) no hospitalization in past two years, 3) no hospitalization for past year, 4) has been hospitalized in past year, 5) is currently in need of hospital care"; "Severe health impairing conditions?"; "Estimate of remaining years of life, 1) over 60 months, 2) 37 to 60 months, 3) 19 to 36 months, 4) 7 to 18 months, 5) less than 6 months." The instrument was employed in the diagnosis and treatment of 32 mentally impaired elderly female patients. Significant improvement in the functioning of experimental subjects was observed. Further information and a copy of the scale may be obtained from the author.

THE PHYSICAL HISTORY FORM

Philadelphia, Philadelphia Geriatric Center, 1966.

Brody, Elaine M., & Ward, Merton, Director, Department of Social Work, Philadelphia Geriatric Center, 5301 Old York Road, Philadelphia, PA 19141

The Physical History Form is an instrument used as part of a study attempting to develop multi-disciplinary, patient specific treatment for the mentally impaired institutionalized patients of homes for the aged. The purposes of the study were to secure baseline evaluations as to patients' cognitive, emotional, and physical level of functioning and formulate diagnoses and treatments geared to individual differences in patients' physical condition, personality, and adaptive capacities. The Physical History Form was designed and has been in routine use in a home for the aged for the purpose of assessing patients' physical history. Ratings are made from information provided by such sources as informant reports (e.g., relatives, social workers, etc.) physicians' reports, and subjects' reports (where possible). The instrument consists of 60 fill-in, checklist, and multiple-choice items. The areas sampled by the Medical History are: "History of present complaints"; "Past medical history"; "Surgical history"; "Family (medical) history"; "History of disease"; "Systematic review" (e.g., cardiovascular; respiratory; genitourinary; dental; gastrointestinal; etc.). Sample items from the instrument are: "Chief complaints" (list); "Medications"; "Past medical history (addiction, allergy, bronchitis, epilepsy, goiter, heart attack, etc.)." Medical history items are completed by a physician. Also included as part of the instrument is a physical examination outline by which a staff physician conducts a medical examination of each patient and lists diagnoses as to the patients' present physical symptoms. The instrument was used in the assessment of 64 mentally impaired female patients [illegible] home for the aged. Significant improvements in functioning were observed for the 32 experimental subjects exposed to individualized treatment. Further information and a copy of the scale may be obtained from the author.

A RATING OF EXCESS DISABILITY

Excess disabilities of the mentally-impaired aged: Impact individualized treatment. The Gerontologist, 1971, 11(2), 124-133.

Brody, Elaine M., Kleban, M. H., Lawton, M. P., & Silverman, H. A., Director, Department of Social Work Philadelphia Geriatric Center, 5301 Old York Road, Philadelphia, PA 19141

The Rating of Excess Disability is an instrument designed as part of a study attempting to develop multi-disciplinary, patient specific treatment for functional symptoms of old age, in institutionalized patients of homes for the aged. The term "excess disability" is used to refer to those functional disabilities not accounted for by organic or actual impairment. The present instrument was used to assess changes in excess disabilities as the result of treatment. The instrument consists of rating sheets on which the name of the patient and the description of the condition or symptoms or excess disabilities identified in the diagnostic phase of the project are rated on separate, identical rating sheets. Each patient is thus rated on the particular symptom(s) she demonstrated at the onset of the treatment. Each rating sheet consists of a 7-point scale ranging from plus three to minus three. The scale points are labeled with the following designations respectively: "Considerable decline in above condition"; "Moderate decline in above condition"; "Slight decline in above condition";"No change in above condition"; "Slight improvement in above condition";

"Moderate improvement in above condition"; "Considerable improvement in above condition." Ratings were made by research project and institution staff. Subjects were rated just prior to their being phased out of the treatment program. Project and institution staff based ratings on direct observation and contact with patients. Patients were also rated by "outsiders" (a sociologist and a medical social worker) so as to estimate the effects of staff member bias. Outside raters made ratings based on medical records and staff notes and had no previous knowledge of whether a given patient belonged to the control or experimental group, as did staff members. A correlation of .57 was observed between staff and outside ratings, both of which reflected significant improvements in the excess disabilities of the 32 female elderly patients exposed to treatment. Further information and a copy of the scale may be obtained from the author.

THE RECREATION THERAPY RATING SCALE
Philadelphia, Philadelphia Geriatric Center, 1968.

Lawton, M. Powell, Philadelphia Geriatric Center, 5301 Old York Road, Philadelphia, PA 19141

The Recreation Therapy Rating Scale is an instrument developed by the Philadelphia Geriatric Center to evaluate the performance of elderly inpatients during recreation therapy. The instrument was designed for the purpose of assessing the effects of a multi-faceted therapy program intended to treat the functional symptons (excess or nonorganic disabilities) of institutionalized elderly persons. The instrument consists of six items which are rated in terms of 5- and 4-point scales, with scale points reflecting different levels of adjustment from maximal to minimal. Sample items from the rating scale are: "Awareness of people, time, and place, 1) never, 2) seldom, 3) sometimes, 4) often, 5) always"; "Socializing behavior while occupied with activity, 1) socializes with everyone, 2) selective, 3) quiet, 4) withdrawn"; "Ability to follow simple directions 1) cannot follow directions at all, 2) can work only with constant supervision and repetition of directions, 3) can work only with occasional directions, 4) can carry on work alone." Ratings given to patients are compared with baseline information obtained on the subject prior to the onset of treatment. Improvement of patients' functional symptoms may thus be tapped. Further information regarding the use of this instrument and a copy of the scale may be obtained from the author.

RELIGIOUS VALUES INVENTORY
Riverdale, The Hebrew Home for the Aged, 1971.

Wolk, Robert L., Project Director, The Hebrew Home for the Aged, 5901 Palisade Avenue, Riverdale, NY 10471

The Religious Values Inventory (RVI) is an instrument designed to measure the religious values of Jewish students who work at an orthodox old people's home. It is also designed to obtain the student's perception of the residents of an old people's home. The respondent is asked if he speaks Yiddish or reads Hebrew. He is asked to assess his home environment, himself at ages 8 to 11, 13 to 19, and the present, and his attendance at services. The RVI uses a variety of answering scales, e.g., "yes-no," "approve-disapprove," and open-ended responses to measure the student's opinion as to what beliefs and practices constitute a good Jew, his educational background, the characteristics of his companions, his opinion towards interreligious dating and marriages, attitudes towards Israel, the future of Judaism, and the amount of aid American Jews should give to the Jews of Israel. In addition, the RVI measures the individual's opinion about what characteristics, beliefs, and orthodoxy residents of old people's home should possess. Sample items include. "Do you regularly read any serious books or magazines dealing with Jewish subjects?"; "Jews in all countries are interdependent"; "How many of your friends are Jewish?" Although this instrument was designed purposely for Jewish religious values, it can be adapted for measuring attitudes and opinions towards other religious values. Additional information and a copy of the instrument may be obtained from the author.

RESEARCH SCHEDULE
New York, Stanley Isaacs Neighborhood Center, 1972.

Katze, Charles I., Stanley Isaacs Neighborhood Center, 415 East Ninety-third Street, New York, NY 10028

The Research Schedule is an interview schedule consisting of 73 items designed to elicit information from the elderly concerning economic status, social contacts, outside activities, health status, nutritional habits, sleep habits, attitudes, educational level, ethnic origin, retirement status, occupational background, mobility, ethnic background, age, and sex. A sample item is: "Do you usually get a good night's rest? 1) yes, 2) no, 3) not relevant." For each variable, high and low, or high, medium, and low levels are defined. Three principles were followed in the development of the questionnaire: 1) "The questionnaire should be as short as possible and take no more than one hour and a half on the average to administer"; 2) "The individual questions should be as short as possible with as few choices to be made as is consistent with minimum information required to process data in testing hypotheses"; 3) "Sensitive areas should be cut to a minimum." The Research Schedule may be used to identify social isolates on the basis of 12 criteria such as single or widowed, low income status, infirm, no friends, and poor sleeping habits. These criteria then form a 0 to 12 "indicator index" which can be used in making pre versus post comparisons. The Research Schedule has been developed primarily for research purposes. A copy of the instrument is available from the author.

THE RESOCIALIZATION INVENTORY

New York, Columbia University, 1972.

Bennett, Ruth, Box 59, Teachers College, Columbia University, New York, NY 10027

The Resocialization Inventory is an instrument designed to measure the degree to which residents of an old age home have become incorporated or resocialized into the social structure of the nursing home. The instrument is part of a study investigating the attitudes and living conditions of elderly persons residing both in the community and in nursing homes for the aged, with the intention of examining the adequacy of present facilities for the elderly and making recommendations regarding the development of multi-purpose senior centers. The instrument is composed of five questionnaires or indices completed by nursing homes and two questionnaires completed by nursing home staff about the residents. The resident questionnaires provide a collective index of the resident's adjustment or resocialization into the nursing home structure. The five questionnaires are: "Socialization Index" (measuring the degree to which the resident has a knowledge of the home's rooms and social structure)" "Evaluation Index" (measuring the degree to which the resident is satisfied with the services and structure of the nursing home); "Integration Index" (measuring the degree to which the resident interacts socially with other residents); "Anomie Scale" (measuring the degree to which residents feel a sense of fulfillment and contentment). Sample items from these measures are: "If you have a complaint, where do you take it?"; "What do you think of the aides here?"; "Have you ever refused to eat what was offered and asked for special food?"; "Is there a group with whom you usually spend time?"; "You can always find something which makes life worth living." The two staff questionnaires require administrators to rate each resident on the resident's participation and the nature of resident's interaction. Sample items from these two questionnaires are: "Participates in arts-crafts?"; Rating on complaining to staff?" Further information regarding the application of the Resocialization Inventory and a copy of the instrument may be obtained from the author.

SEVEN INDICES OF WELL-BEING: INTERVIEW GUIDE

Philadelphia Geriatric Center, 1969.

Lawton, M. Powell, Philadelphia Geriatric Center, 5301 Old York Road, Philadelphia, PA 19141

Seven Indices of Well-Being is a group of indices designed to measure family interaction, mobility, morale, peer interaction, housing satisfaction, activities, and interview behavior. The indices are intended for use with elderly people. The interview is structured to yield 111 items of information. Five of the indices are composed of the highest loaded items in a factor analysis of 300 tenants of three housing sites for the elderly. The indices are completed by an interviewer or social worker and are devised to structure and yield objective information from an interview. A sample item under the Mobility Index is: "Hours a day outdoors." To date, the major application of the SIW has been in research. A copy of the Interview Guide is available from the author.

THE SOCIAL HISTORY FORM

Philadelphia, Philadelphia Geriatric Center, 1966.

Brody, Elaine M., & Project Staff, Director, Department of Social Work, Philadelphia Geriatric Center, 5301 Old York Road, Philadelphia, PA 19141

The Social History Form is an instrument designed to collect information in various areas of an aged respondent's background. The instrument was developed as part of a study attempting to develop multi-disciplinary, patient specific treatment to maximize functioning of mentally impaired institutionalized residents of homes for the aged. The purpose of the present instrument is to collect information regarding the patient's social history which will aid in the formulation of treatment plans best suited to each patient's background and needs. The Social History consists of an interview outline designed for administration to the patient himself (where possible) and to informants familiar with the patient (i.e., friends, relatives, etc.). The interview taps information in 17 areas: "Childhood history"; "Education"; "Immigration"; "Health history"; "Work history"; "History of living arrangements"; "Financial status"; "Spinsterhood"; "History as parent"; "Extended family relationships"; "Nonfamilial relationships"; "Organizational membership"; "Recreational history"; "Retirement"; "Old age"; "Current social functioning." The interview consists of 99 items. Sample items are: "What rememberance does resident have of his childhood?"; "Explore impact of nonmarriage on resident's self-image"; "How well did resident provide for the physical care of children?"; "Among whom did the resident find his friends?"; "Describe resident's feelings regarding relations with spouse"; "Interest manifested in cultural matters and current events." The instrument was administered by social workers to relatives (and to the subject when possible) of 64 female residents of a home for the aged. The information was used to formulate treatment plans for each patient. Significant positive treatment results were observed, with a majority of the 32 experimental subjects showing marked improvements, particularly in the areas of family relations and participation in activities. Further information and a copy of the interview may be obtained from the author.

THE SOCIAL INTIMACY IN SENIOR CENTERS INVENTORY

New York, Columbia University, 1972

Bennett, Ruth, Box 59, Teachers College, Columbia University, New York, NY 10027

The Social Intimacy in Senior Centers Inventory is an instrument designed to evaluate the intimacy (i.e., the quality and quantity) of social interaction in senior citizen centers. The instrument is part of a study investigating the living conditions and attitudes of elderly persons living within the community and in nursing homes for the elderly. The instrument is divided into two parts. Part I consists of a semi-structured interview outline designed for administration to the directors and staff members in charge of senior citizen centers. The interview taps such areas of information as sources of support for senior centers, adequacy of facility, membership characteristics, staff characteristics, activities provided, and membership participation. Interview items are of multiple-choice and open-ended format. The interview section of the Intimacy Inventory consists of 26 items. Sample items are: "Check those days on which the center is regularly open"; "Location of center?"; "Director's educational training?"; "Activities available?"; "Age breakdown of members?" Part II of the instrument, the Tentative Observation Sheet, lists 14 possible activities which a senior center might provide. These are listed vertically along the sheet. Across the sheet are the labels: "Intimate heterosexual"; "Intimate same sex"; "Not intimate group"; "Not intimate individual"; and "Not intimate other." For each activity in which senior center members participate, a check is placed in the appropriate square designating the activity, the intimacy, the composition of the members by sex, and finally the number of participants (individual versus group activities). Information provided by the inventory could be employed to compare senior citizen facilities with senior citizen population in a given area so that recommendations regarding the necessity of such centers and how they could best meet the needs of the elderly could be made from data. Further information regarding the use of this instrument and a copy of the inventory may be obtained from the author.

STAFF EVALUATION OF RESIDENTS I

Riverdale, The Hebrew Home for the Aged, 1971.

Wolk, Robert L., The Hebrew Home for the Aged, 5901 Palisade Avenue, Riverdale, NY 10471

The Staff Evaluation of Residents I (SER-I) is an instrument designed to evaluate the residents of an old people's home in terms of their relationship with student workers, staff members, and other residents. Information is requested on how a resident relates with the students, gets along well with other residents, and is liked by other residents, and concerning his personality characteristics, e.g., depression, alienation, emotional security. The instrument contains 31 items and is filled out by staff members on each resident. Each item is answered using a 7-point agreement-disagreement scale. The respondent is asked to give his degree of agreement with each statement. Sample items include: "The resident behaves appropriately with respect to personal habits"; "The resident shows concern for other residents in the home and interacts emotionally with them"; "The resident is cooperative"; "The resident is isolated, never gets involved in activities." The instrument was designed to evaluate residents of an old people's home but can be adapted for other research purposes. Additional information and a copy of the instrument are available from the author.

STAFF EVALUATION OF STUDENTS I

Riverdale, The Hebrew Home for the Aged, 1971.

Wolk, Robert L., The Hebrew Home for the Aged, 5901 Palisade Avenue, Riverdale, NY 10471

The Staff Evaluation of Students I (SES-I) is an instrument designed to evaluate the abilities of student workers to handle and relate to the residents of an old people's home, e.g., shows concern for old people, gets along well with old people, behaves with utmost respect towards old people, appears to be very intelligent, appears to be very cooperative. The SES-I is in the form of a questionnaire. There are 27 items and each is answered using a 7-point scale ranging from strong agreement to strong disagreement. The form is completed by a staff member for each student worker. Sample items include: "The student seems ill at ease with the residents"; "Her manner toward old people is polite"; "The student appears eager to start the work in your department when she comes in during the day." Although this instrument was used primarily for the evaluation of student workers in old people's home, it can be adapted for other evaluation purposes such as other personnel evaluations and training programs. Additional information and a copy of the instrument are available from the author.

WELL-ELDERLY RETIREMENT INTERVIEW SCHEDULE

The choice of retirement housing among the well-elderly. Aging and Human Development, 1971, 2, 118-137.

Sherman, Susan R., New York State Department of Mental Hygiene, 44 Holland Avenue, Albany, NY 12208

The Well-Elderly Retirement Interview Schedule is an instrument designed to yield information regarding biographical characteristics such as age, education, and socioeconomic status of those elderly persons who choose to reside in voluntary retirement settings for the non-ill elderly. The interview includes questions on prevalent motivations for selecting retirement housing, frequency and quality of interaction with family and peers, morale and self concept, health, and use of leisure time. In order to provide a basis for comparison, the schedule also provides an interview of essentially identical content to be administered to control elderly respondents who did not choose to live in retirement institutions. Comparison of resident (test) and nonresident (control) interviews provides a realistic comparison between expectations of nonresidents and the actual conditions reported by residents. A sample item from the interview is a checklist question of the form: "Did any of the following influence your decision to move to (name of site)?" Another checklist question asks: "What influenced your choice of a particular housing site?" Also included are open-ended questions such as: "What were the circumstances that brought you to (name of site)?" Answers to these questions enable one to trace a profile of motivation and relate this to particular biographical and situational characteristics of respondents. Other questions asked include: "For most people, do you think retirement is, a good period in life, a bad period in life, neither a good nor a bad period in life"; "Do you get together with your neighbors as often as you would like to?" Answers to such questions and others by test and control respondents provide information as to the differences in life style, morale, self-concept, etc., that are related to residency and nonresidency in retirement housing. A follow up interview is also included to determine how attitudes in these areas have changed over time as a result of residency or nonresidency in retirement housing institutions. This instrument was prepared as part of a 5-year research project conducted at the School of Public Health, University of California, Los Angeles. Project directors were Daniel M. Wilner and Rosabelle Price Walkley. Members of the study staff, in addition to the author, were Wiley P. Mangum, Jr., Suzanne Dodds, and Thomas C. Pinkerton. Further information and a copy of the interview may be obtained from the author.

THE ACTIVITIES OF DAILY LIVING

Excess disability of the mentally-impaired aged: Impact of individualized treatment. The Gerontologist, 1971 11(2), 124-133.

Brody, Elaine M., Kleban, M. H., Lawton, M. P., & Silverman, H. A., Director, Department of Social Work, Philadelphia Geriatric Center, 5301 Old York Road, Philadelphia, PA 19141

The Activities of Daily Living (ADL) is an instrument designed as part of a study attempting to treat disabilities in functioning of institutionalized elderly patients of homes for the aged. The purposes of the study were to secure baseline evaluations as to patients' abilities and level of functioning, make diagnoses, plan, and implement treatments specifically geared to individual differences in patients' physical condition, personality and adaptive capacities. The instrument was designed for the purpose of assessing baseline self-maintenance behavior. The ADL was developed from a separate instrument used by the author to secure similar assessments, The Physical Self-Maintenance Schedule (PSMS). The ADL draws on the previous scale for item content but is designed to be more detailed and more sensitive than the PSMS. The ADL consists of 28 items describing various levels of functioning in eating, cleansing, toileting, grooming, locomotion, etc. Sample items from the ADL are: "Use of spoon"; "Neatness of eating and drinking"; "Night wetting"; "Getting into bed." Below each item are listed several alternatives (ranging in number from four to nine depicting different levels of functioning). The rater is to select the alternative most descriptive of the patient's behavior. In addition to such ratings, the ADL consists of several performance tests in which an observer scores the patient on: "The number of garments successfully put on"; "The success with which the subject is able to make up his bed"; "The quantity and quality of grooming behavior" (shaving, cosmetic care, clean nails, clean hair, etc.); "The possessions for which the subject is able to care" (closets, drawers, clothing, etc.). Ratings are completed by floor nurses on the basis of direct knowledge of the resident. The instrument was used to assess improved functioning with treatment in 32 female elderly patients. Significant positive results were observed. Further information and a copy of the ADL may be obtained from the author.

CRICHTON GERIATRIC BEHAVIORAL RATING SCALE

Gerontologia Clinica, 1961, 3, 247.

Robinson, R. A., no address

The Crichton Geriatric Behavioral Rating Scale (CGBRS) is an instrument designed to measure the level of behavioral functioning of geriatric patients. The instrument is intended to aid treatment programs for geriatric patients. The CGBRS contains 11 areas of behavior which are rated on a 5-point scale. The behavioral categories are: "Mobility"; "Orientation"; "Communication"; "Cooperation"; "Restlessness"; "Dressing"; "Feeding"; "Continence"; "Sleep"; "Mood-objective"; and "Mood-subjective." A sample scale of a category is: "Dressing (dresses correctly unaided, dressing imperfect but adequate, dressing adequate with minimum supervision, dressing inadequate unless continually supervised, unable to dress or retain clothing because of mental impairment)." The instrument was developed through research with treatment programs designed to rehabilitate geriatric patients. The instrument is filled by treatment personnel. A copy of the instrument is available in the source document.

EVALUATION FORM FOR GERIATRIC PATIENTS

East Moline, East Moline State Hospital, 1970.

Bruck, Morris, East Moline Hospital, East Moline, IL 61244

The Evaluation Form for Geriatric Patients is a rating scale for the evaluation of hospitalized mentally ill geriatric patients in the following five categories: "General psychiatric condition"; "General physical condition"; "General attitudes";"Ambulation"; and "Self-reliance." Under general psychiatric condition the rater checks one of the following, "very good," "good," "average," "below average," "poor or very poor." Each of these categories is described in greater detail by specific behaviors that would warrant checking it. The other four areas are rated in a similar fashion. The major application of the instrument has been evaluation of the rehabilitation of infirm and semi-infirm geriatric patients who were mentally ill. In the instrument's development, reviews were made of published behavioral rating scales. Global scales were developed on an a priori basis in terms of the behavior intended for evaluation. No reliability data or references are presently available. The author has found some evidence of construct validity. More information and copies of the instrument may be obtained from the author.

GERIATRIC RATING SCALE

Reliability and validity of a scale for assessing the functioning of geriatric patients. *Journal of the American Geriatrics Society*, 1970, 18(b), 491-500.

Plutchik, Robert, Conte, H., Lieberman, M., Bakur, M., Grossman, J., & Lehrman, N., Bronx State Hospital,
1500 Waters Place, Bronx, NY 10461

The Geriatric Rating Scale (GRS), a simple, objective rating scale, was designed to measure the degree to which geriatric patients are able to function, both physically and socially, in an intact, integrated manner. The GRS consists of 31 items answered on 3-point scales with a rating of "0" indicating no difficulty and a rating of "2" indicating maximal difficulty. Items pertain to physical impairment, sleep problems, appearance, memory difficulties, social behavior, and ability to work. A sample item is: "The patient reads books or magazines on the ward, often, sometimes, almost never." Evaluations can be made by ward attendants and requires no special training on the part of the rater. In developing the GRS, a group of psychologists and psychiatrists with extensive experience in geriatrics selected items they considered important in terms of a patient's ability to function in an integrated manner. A number of items were adopted from the Stockton Geriatric Rating Scale (Meer, B., & Baher, J. A. The Stockton geriatric rating scale. *Journal of Gerontology*, 1966, 21, 392-403.) Preliminary drafts of the GRS were revised until there was consensus that the items had high face and content validity for the population under consideration. In research application of this instrument, evaluations were made of 207 patients at a large state hospital. Interjudge reliability based on two independent assessments was .87. Female patients were significantly older than male patients; however, there was no difference between males and females with regard to their impairment scores. Geriatric patients had significantly higher impairment scores than nongeriatric patients. Clinical ratings by psychiatrists of the average level of ward functioning correlated .86 with mean GRS scores. The results of an item analysis, normative data, and a copy of the instrument are available in the source document.

INSTRUMENTAL ACTIVITIES OF DAILY LIVING SCALE

Assessment of older people: Self-maintaining and instrumental activities of daily living. *The Gerontologist*, 1969, 9(3), 179-186.

Lawton, M. Powell, & Brody, Elaine M., Philadelphia Geriatric Center, 5301 Old York Road, Philadelphia, PA
19141

The Instrumental Activities of Daily Living Scale (IADL) is an instrument designed to assess the daily functional competence of elderly people. The instrument is designed primarily for diagnosis, treatment, planning, and research. The IADL, composed of multiple-choice items, requires an observer to select the best fitting alternative in each item to describe a subject. A sample item is: "Laundry, 1) Does personal laundry completely; 2) Launders small items; 3) All laundry must be done by others." The scale is self-administered and requires about four minutes to complete. Validity data are available in the source document. The major applications of the instrument have been in research, behavioral evaluations in various institutions, and planning for treatment, facilities, and services. See also, Lawton, M. P. Problems in the functional assessment of older people. Paper presented at the twenty first annual meeting of the Gerontological Society, Denver, 1968, and Lawton, M. P. Assessing the competence of elderly people. In D. P. Kent, R. Kastenbaum, & S. Sherwood, (Eds.), *Research, planning, and action for the elderly*. New York: Behavioral Publications, 1969. A copy of the instrument is available from the author.

THE MENTAL STATUS QUESTIONNAIRE

Philadelphia, Philadelphia Geriatric Center, 1968.

Lawton, M. Powell, Philadelphia Geriatric Center, 5301 Old York Road, Philadelphia, PA 19141

The Mental Status Questionnaire is an instrument designed to evaluate the mental capacities of institutionalized elderly patients. The instrument contains a number of questions relating to the patient's personal background or facts about the environment. Questions are such that incorrect answers may reflect impairments or orientation, memory, perception, etc., commonly exhibited in old age. The purpose of the questionnaire is to assess the extent of the patient's mental impairment and treat those aspects of the patient's symtomology which are not organic in nature. The Mental Status Questionnaire consists of 26 questions. Sample items from the questionnaire are: "Where is your room?"; "What is today's date?"; "What season of the year is it now?"; "When were you born?"; "What was your father's first name?" A score of "1" is given for correct or approximately correct answers; a score of "O" is given for incorrect answers. Further information regarding this questionnaire, and a copy of the instrument may be obtained from the author.

THE PENNSYLVANIA GERIATRIC CENTER BEHAVIOR AND ADJUSTMENT CLASSIFICATION

Excess disabilities of the mentally-impaired aged: Impact of individualized treatment. The Gerontologist, 1971, 11(2), 124-133.

Brody, Elaine M., Kleban, M. H., Lawton, M. P., & Silverman, H. A., Director, Department of Social Work, Philadelphia Geriatric Center, 5301 Old York Road, Philadelphia, PA 19141

The Philadelphia Geriatric Center Behavior and Adjustment Classification is an instrument used in a study attempting to develop multi-disciplinary patient specific treatment for mentally impaired in institutionalized patients of a home for the aged. The purposes of the study were to secure baseline evaluations as to patient abilities and level of functioning, make diagnoses, plan and implement treatment specifically geared to individual differences in patients' physical condition, personality, and adaptive capacities. The present instrument was designed to rate the patient along several dimensions of behavioral and intellectual functioning. The instrument consists of four items which are each rated along a 6-point scale reflecting graded levels of functioning. The four dimensions tapped by the scale are: 1) Mental functioning (i.e., planning and decision making capacities): 2) Personal adjustment (i.e., disturbing or disabling subjective symptoms such as anxiety depression, phobias, paranoid ideation); 3) Behavior patterns relating to capacity for group living (e.g., annoying habits, disturbing behavior); 4) Social adjustment (i.e., adequate or inadequate interpersonal relations, such as excessive withdrawal, hostility, manipulation of others, dependence on others). A sample item from the scale is: "Personal adjustment (disturbing or disabling subjective symptoms), 1) free of subjective symptoms, 2) mild subjective symptoms which do not impair functioning, 3) may have mildly disturbing or disabling subjective symptoms, 4) may have severely disabling subjective symptoms but which do not endanger self or other, 5) mental impairment and/or psychosis which endangers self or others." Ratings are made by research and staff social workers. Significant improvements in functioning were observed in 32 elderly female patients as the result of treatment. Further information and a copy of the scale may be obtained from the author.

PHILADELPHIA GERIATRIC CENTER BEHAVIOR RATING SCALE

Philadelphia Geriatric Center, 1969.

Lawton, M. Powell, Philadelphia Geriatric Center, 5301 Old York Road, Philadelphia, PA 19141

The Philadelphia Geriatric Center Behavior Rating Scale (PGCBRC) is an instrument designed to assess the observable behavior of elderly residents at a geriatric center. The scale was designed primarily for research and planning for treatment. Its major purposes are to measure behavior relevant to the assessment of competence in institutional living and to relate symptoms to personality characteristics. The PGCBRC requires staff members to respond to 79 checklist items concerning residents' complaints, activities, pride, willingness to communicate, sociability, self-helpfulness, and feeling about age. A sample item is: "Avoids other residents as much as possible." The scale is self-administered and takes about 20 minutes to complete. The major applications of the scale appear to be in research, diagnosis, and treatment planning. A copy of the instrument is available from the author.

THE PHYSICAL SELF-MAINTENANCE SCHEDULE

Excess disabilities of mentally impaired aged: Impact of individualized treatment. The Gerontologist, 1971, 11(2), 124-133.

Brody, Elaine M., Kleban, M. H., Lawton, M. P., & Silverman, H. A., Director, Department of Social Work, Philadelphia Geriatric Center, 5301 Old York Road, Philadelphia, PA 19141

The Physical Self-Maintenance Schedule (PSMS) is an instrument employed in a study attempting to treat the functional (nonorganic) symptoms of mentally impaired elderly impatients of homes for the aged. The purposes of the project were to secure baseline evaluations as to patients' abilities and adaptive capacities. The PSMS was employed in the project as a method for assessing baseline performance in six self-maintenance behavior areas: 1) Feeding; 2) Dressing; 3) Grooming; 4) Self-ambulation; 5) Bathing; and 6) Toilet habits. The present instrument is a modification of the Langley-Porter Scale developed by Lowenthal (Lowenthal, M. F. Lives in distress. New York: Basic Books, 1964). The original scale, which asks an observer to rate the subject on his competence in six self-maintenance behaviors, was altered so as to include the same number of rating scale points for each of the six self-maintenance behaviors and to broaden the content of the instrument so that it could be used both with the institutionalized elderly and with elderly individuals living in the community. Each of the six behaviors is rated in terms of a 5-point scale representing graded levels of functioning ranging from "completely dependent self-maintenance" to "completely independent self-maintenance." A sample item from the instrument is: "Feeding, 1) eats without assistance at meal times, 3) feeds self with moderate assistance, 5) does not feed self at all and resists efforts of others to feed him." An experimental application of the PSMS may be found in Lawton, M. P., & Brody, E. M. Assessment of older people: Self-maintaining and instrumental activities of daily living. The Gerontologist, 1969, 9(3), 179-186. Further information and a copy of the scale may be obtained from the author.

PSYCHIATRIC EXAMINATION SCHEDULE

Philadelphia, Philadelphia Geriatric Center, 1966.

Brody, Elaine M., Freeman, Leo, & Project Staff. Director, Department of Social Work, Philadelphia Geriatric Center, 5301 Old York Road, Philadelphia, PA 19141

The Psychiatric Examination Schedule is an instrument designed as part of a study attempting to develop multidisciplinary, patient specific treatment for disabling in functioning of mentally impaired residents of a home for the aged. The purposes of the study were to secure baseline evaluations as to patients' cognitive, emotional, and physical level of functioning and formulate diagnoses and treatments geared to individual differences in patients' physical condition, and personality, and adaptive capacities. The Psychiatric Examination Schedule was designed to provide a consistent, systematic method of assessing the psychological and psychiatric well-being of elderly patients participating in the study. The instrument consists of 16 fill-in items to be completed by the psychiatrist performing the examination. The Psychiatric Examination Schedule collects information in seven areas related to assessments of psychiatric adjustment: 1) Description of the individual; 2) Symptoms of emotional disturbance; 3) Defenses; 4) Social and behavioral attitudes; 5) Capacity for pleasurable activity; 6) Tolerance to changes; 7) Summary of psychiatric status. Sample items from the instrument are: "Reactivity to environment"; "Degree of anxiety"; "Depression"; "Projection"; "Inhibition"; "Aggression and hostility"; "Self-centeredness"; etc. Below each item, a space is provided for the examiner's written evaluation of the subject's behavior in that area. The Psychiatric Examination Schedule was used to assess baseline psychiatric information on subjects and changes thereof as the result of individualized treatment. Significant improvements in functioning were observed in the 32 female patients exposed to treatment. Further information and a copy of the instrument may be obtained from the author.

THE PSYCHIATRIC RATING SCALE

Philadelphia, Philadelphia Geriatric Center, 1960.

Kleban, Morton, Philadelphia Geriatric Center, 5301 Old York Road, Philadelphia, PA 19141

The Psychiatric Rating Scale is an instrument designed to evaluate a number of psychiatric and psychological symptoms in elderly institutionalized patients. The instrument was developed by the Philadelphia Geriatric Center. The rating scale is completed by an attending psychiatrist on the basis of information obtained during a psychiatric assessment interview. The instrument taps the patient's behavior and characteristics in six areas: 1) Interview attitudes; 2) Degree of body preoccupation; 3) Degree of organic impairments; 4) Symptoms of emotional disturbances; 5) Social and behavioral attitudes; 6) Tolerance to change. Items consist of attitudinal and behavioral descriptions of the patient which are rated on 5-point scales with scale points reflecting different degrees of the behavior or characteristic being rated. Sample items from the rating scale are: "Responsiveness, 1) withdrawn, 2) slow, 3) normal, 4) moderately talkative, 5) very talkative"; "Somatization, 1) strong somatic indifference, 2) moderate somatic indifference, 3) normal, 4) preoccupation with somatic condition, 5) hypochondriasis"; "Mood changes, 1) very liable, 2) moderately liable, 3) normal, 4) lack flexibility, 5) rigid." The instrument was used to determine baseline psychiatric information prior to treatment and changes in functional psychiatric symptomology as the result of treatment. Further information regarding the use of this scale and a copy of the instrument may be obtained from the author.

PSYCHIATRIC SCREENING SCALE FOR THE ELDERLY

California Mental Health Research Digest, 1969, 7, 62-63.

Simon, Alexander, Berkman, P. L., & Epstein, L. J., Adult Development Program, University of California, San Francisco, CA 94122.

Psychiatric Screening Scale for the Elderly is an instrument designed to differentiate between the psychiatrically impaired and nonimpaired aged. The instrument is intended to serve as a method by which to screen prospective psychiatric patients and not as a diagnostic device. The Psychiatric Screening Scale was empirically developed on a sample of 164 persons aged 65 and over, drawn from institutional and community sources representative of all levels of psychiatric impairment ranging from nonimpairment to severe impairment. The scale consists of 85 structured interview items covering all categories of psychiatric signs and symptoms relevant to mental illness in the aged. Sample items are: "Name the current day of the month"; "Have you often felt that life is not worth living?" Analysis of the research on the scale's development yielded scoring methods that demonstrated concurrent validity. An additive scoring method is to add the number of symptoms displayed in response to the first 15 items of the scale. These items contain most of the major symptom categories of mental illness among the elderly, orientation and memory, intellectual functioning, depression, anxiety, paranoid reactions, and physical complaints. The second scoring system involves a pattern analysis which relies on discriminative symptom patterns yielded by all combinations of four scale items, two on cognitive functioning, one indexing paranoid reactions, and one indexing somatic complaints. Data on the validity of the scale for the sample tested and comparative utility of the scale with other similar instrument are available in the source document. A copy of the instrument is available from Marjorie Lowenthal, Department of Social Psychology, University of California, San Francisco, CA 94122.

THE RECREATIONAL SUMMARY SHEET

Philadelphia, Philadelphia Geriatric Center, 1966.

Brody, Elaine M., Director, Department of Social Work, Philadelphia Geriatric Center, 5301 Old York Road, Philadelphia, PA 19141

The Recreation Summary Sheet is an instrument designed for use with mentally impaired patients of old age homes with functional physical and psychological symptoms. The purpose of the instrument is to assist in the identification of those areas where the subject may be functioning at a level below that accounted for by his or her actual (i.e., organic or physical) handicaps. The present instrument was also used to formulate and test the success of treatment plans designed to reduce the discrepancy between patients' functional and actual impairments. The specific purpose of the Recreation Summary Sheet is to identify both the subjects' assets and liabilities (i.e., those areas where his functioning is adequate and those where it is not adequate). The present instrument provides the opportunity for these assessments to be made by a trained observer or rater in a natural setting (i.e., during the subjects' participation in recreational activities). The instrument taps two categories of symptoms or impairments, the personal and the instrumental aspects of impairments. A total of three ratings are made within the personal category: 1) Appearance (cleanliness, neatness, appropriateness); 2) Relationships (interpersonal orientations such as withdrawal, abusiveness, dependency, etc.); 3) Adaptability (resistance to any change in procedure or receptiveness to new experiences). Three ratings are also made within the instrumental category: 1) Complexity of performance (quantity and quality of physical and sensory coordination); 2) Attention span; 3) Pleasure in task. Criteria for making ratings are explicitly outlined on the summary sheet. A number from "0" to "3" is given the subject, representing a continuum from "within the normal range," given subject's age and fact of institutionalization to "indicative of a severe degree of deviance from normal expectations." Further information regarding the use of this instrument and a copy of the Recreational Summary Sheet may be obtained from the author.

THE RESOCIALIZATION INTERVIEW SCHEDULE

New York, Columbia University, 1972.

Bennett, Ruth, Box 59, Teachers College, Columbia University, New York, NY 10027

The Resocialization Interview Schedule is an instrument designed as part of a study investigating the attitudes and living conditions of elderly persons residing both in the community and in nursing homes for the aged. The purpose of the investigation is to examine the adequacy of present facilities for the elderly and make recommendations regarding the development of multi-purpose senior centers. The present instrument is an interview outline designed to tap information on the social history (past and present) and level of intellectual and behavioral functioning in residents of nursing homes for the elderly. The instrument is divided into three parts. Part I consists of 28 interview questions designed to provide a measure of the respondent's social isolation during adulthood and a measure of his social isolation within the past month. Sample questions from Part I are: "Which of your children haven't you seen for a while?"; "After you were grown up did you see your mother (father) at all?"; "Tell me about any friends (relatives) that you've been close to"; "What organizations did you belong to?" Part II is designed to tap the respondent's level of intellectual functioning and consists of 52 items. Sample items from Part II are: "How many weeks are there in a year?"; "What is a thermometer?", "How does yeast cause dough to rise?"; "In what way are coat and dress alike?"; "In what way are air and water alike?"; "Why should people pay taxes?" Part III is designed to rate respondent's level of social functioning. Part III taps three areas of behavior: 1) Speech during interview; 2) Physical mannerisms and expressions during interview; 3) Mood tone during interview. Sample items from these three areas are: "Gave answers unrelated to questions asked"; "Sloppy or bizarre dress"; "Cried during interview." Further information regarding the application of this instrument, as well as a copy of the interview may be obtained from the author.

VERDUN GERIATRIC RATING SCALE

Verdun, Quebec, Canada, Douglas Hospital, 1968.

Lehmann, Heinz E., & Ban, Thomas A., no address for the first author

The Verdun Geriatric Rating Scale (VGRS) is designed to measure arousal, effectivity, mood, mental integration, and organicity. It was developed in the course of clinical studies with hospitalized geriatric patients. The scale consists of 20 items. Each item is scored on a 4-point scale in which "0" represents the absence of the particular syndrome and "4" its maximal intensity. Scoring of the BGRS is based on an interview. Its main application to date has been in a comprehensive clinical study with psychotropic drugs in chronically hospitalized geropsychiatric patients. Two major references for the instruments are: Silver, D., Lehmann, H. E., Kral, V. A., & Ban, T. A. Experimental geriatrics selection and prediction of therapeutic responsiveness in geriatric patients. Canadian Psychiatric Association Journal, 1968, 13, 561; and Lehmann, H. E., & Ban, T. A. Pharmacological load tests as predictors of pharmaco-therapeutic response in geriatric patients. In J. R. Wittenborn, S. C. Goldberg, & P. R. A. May (Eds.), Psychopharmacology and the individual patient. Hewlett. Raven Press, 1970. A copy of the instrument is available from the second author, Division of Psychopharmacology, Department of Psychiatry, Research and Training Building, McGill University, 1033 Pine Avenue West, Montreal, Quebec, Canada.

JUVENILE DELINQUENCY

THE BEHAVIOR CARDS

A test-interview for delinquent children. Journal of Applied Psychology, 1940, 24(3), 325-333.

Stogdill, Ralph M., Division of Research, College of Administrative Science, Ohio State University, 1775 South College Road, Columbus, OH 43210

The Behavior Cards (BC) is an instrument designed to measure delinquencies and background experience of delinquent boys and girls. These cards can uncover delinquent experiences not previously mentioned by the child in an interview or revealed in social history reports. Each card contains a statement concerning the existence or nonexistence of a certain experience. This instrument contains 150 statement cards. There are 18 experience categories: 1) Feels picked on; 2) Anger, disobedience; 3) School difficulties; 4) Stays away from home; 5) Truancy from school; 6) Lies; 7) Fights, aggressions; 8) Inadequate companions; 9) Delinquent companions; 10) Stealing; 11) Obscenity; 12) Sex experiences; 13) In Court; 14) Robbery; 15) Smokes, drinks; 16) Starts fires; 17) Fears, worries; 18) Home unsatisfactory. Administration consists of presenting the pack of 150 cards to the child which he sorts into a "yes" box and a "no" box. The total score is the number of cards placed in the "yes" box. There is no time limit for this instrument, but the child usually completes it within 15 to 30 minutes. If a child cannot read, the examiner may read the items to him. Sample items include: "Sex experience with girl" (boy); "Someone poisoned food"; "Letter to scare someone"; "Afraid of mother." Norms for the BC and an abbrebiated version (100 items) are available. The standardizing groups consist of 200 delinquent boys (ages 9 to 19), 75 nondelinquent boys (ages 12 to 18) and 50 delinquent girls (ages 11 to 18). Reliability coefficients ranged from .83 to .94. Validity coefficients for two groups of delinquent boys were .68 and .72 and .52 for a group of delinquent girls. Additional information is available from the author. A copy of the instrument may be obtained from the C. H. Stoelting, 424 North Homan Avenue, Chicago, IL 60624.

BEHAVIOR PROBLEM CHECKLIST

Champaign, IL, University of Illinois, 1967.

Quay, Herbert C., & Peterson, Donald R., Division of Educational Psychology, Temple University, Philadelphia, PA 19122

The Behavior Problem Checklist is an instrument designed to measure the existence and severity of problem behavior traits in children and adolescents. The instrument is intended for use by parents, teachers, and correctional personnel. The Behavior Problem Checklist is a 3-point rating scale, derived factor analytically, of 55 frequently occurring problem behavior traits. A sample item is: "Excessive daydreaming." The instrument was developed through factor analytic studies of problem behavior in public school children, institutionalized juvenile delinquents, students in public school classes for the emotionally disturbed, and clients of a child guidance clinic. The instrument is self-administered and requires a checklist sheet and pencil. The instrument is scored by calculating the average rating of checklist items associated with each of the four factors comprising the list. Normative data are available for 1,075 federal youthful offenders; local norms are suggested as the most appropriate standard against which to compare individual or group scores. See: Speer, D. C. Behavior problem checklist (Peterson-Quay): Baseline data from parents of child guidance and non-clinic children. Journal of Consulting and Clinical Psychology, 1971, 36, 221-228. Reliability data are available in the Manual for the Behavior Problem Checklist. This manual is a 7-page mimeographed document which also contains the results of a factor analysis of the checklist items. The four problem behavior dimensions yielded by that analysis are: "Conduct disorders"; "Personality disorder"; "Inadequacy-immaturity"; and "Subcultural delinquency." The checklist also contains "face valid" items which are intended to serve as flag items for possible psychosis. To date, the major applications of the instrument have been in assessing behavior change resulting from therapy, corrective institutionalization, or special education. Copies of the instrument and the manual are available from the first author.

THE CALIFORNIA SEVERITY OF OFFENSE SCALE

Community Treatment Project: An evaluation of community treatment for delinquents. Sacramento, California Youth Authority, 1966.

Warren, Marguerite Q., 1102 Oeste Drive, Davis, CA 95610

The California Severity of Offense Scale is an instrument developed in the Youth Authority of the California State Department of Corrections. The Scale is designed to classify, according to severity, the offenses which have been committed by youths who are apprehended for criminal offenses. Offenses are grouped into broad defining categories on the basis of definitions of severity outlined in the California Criminal law code. The instrument provides for the rating of a crime's severity by employing a scale of severity ranging from 0 to 10. A rating of "0" is given to an offense when no classifiable offense can be identified, a rating of "1" is given the least serious offenses, and a rating of "10" is given the most serious offenses. The instrument has been used to classify and record the offenses of juvenile violators and also as an index of recidivism rates among juvenile criminals exposed to incarceration and other rehabilatory attempts. Further information regarding the instrument and a copy of the scale may be obtained from Richard C. Ericson, Correctional Service of Minnesota, 1427 Washington Avenue South, Minneapolis, MN 55404 or from the author.

CHECKLIST FOR ANALYSIS OF LIFE HISTORY DATA

Dimensions of personality in delinquent boys as inferred from the factor analysis of case history data. *Child Development*, 1964, 35, 479-484.

Quay, Herbert C., Division of Educational Psychology, Temple University, Philadelphia, PA 19122

The Checklist for Analysis of Life History Data (CALHD) is a 36-item, factor analytically developed instrument designed to assess case history materials. The assessment focuses on problem behavior traits. There are four scales: 1) Psychopathic delinquency; 2) Neurotic-disturbed; 3) Subcultural delinquency; and 4) Inadequacy-Immaturity. This instrument may be completed by anyone with access to the necessary case history materials. The user of this instrument merely checks off the various deviant behavior traits that are present in a person's life history description. Sample items include: "Has anxiety over own behavior"; "Engages in cooperative stealing"; "Seems unable to profit by either praise or punishment." Additional information and a copy of the instrument are available from Donald Peterson at the Psychological Clinic, Department of Psychology, Children's Research Center Building, University of Illinois, Champaign, Il 61820.

DELINQUENCY CHECKLIST

Dimensions and patterns of adolescent antisocial behavior. *Journal of Consulting and Clinical Psychology*, 1968, 32(4), 375-382.

Kulik, James A., Stein, Kenneth B., & Sarbin, Theodore R., no address for the first author

The Delinquency Checklist (DCL) is an instrument designed to measure antisocial or delinquent behaviors in boys of high school age. The delinquent behaviors described by each item range in severity from "mild misbehaviors" such as parental disobedience to "severely antisoical acts" such as armed robbery and the use or sale of drugs. Factor analysis of items comprising the DCL revealed four areas of delinquent behavior sampled by the scale. These areas are: 1) Delinquent role; 2) Drug usage; 3) Parental defiance; 4) Assaultiveness. Sample items from each of these respective areas are: 1) Obtained liquor by having older friends buy it for you, skipped school without a legitimate excuse; 2) Sniffed glue or taken "bennies" for kicks, used narcotic drugs other than marijuana; 3) Cursed at your mother or father, gone against your parents' wishes; 4) Taken part in a robbery involving use of physical force, hit a teacher. Respondents are asked to indicate on a 5-point scale the frequency with which they have committed the delinquent activity depicted in the statement. Response alternatives provided are, "once or twice," "several times," "often," and "very often." The test was administered to a sample of incarcerated delinquent boys from the ages of 14 to 18 and to a sample of high school boys of the same ages. DCL scores obtained by the two groups were significantly different and correlated significantly with independent indices of delinquency such as nature and frequency of police contacts and Gough's Socialization Scale. The coefficient of internal consistency for the scale was computed to be .96. An experimental application of the DCL may be found in Kulik, J., Stein, K., & Sarbin, T. R. Disclosure of delinquent behavior under conditions of anonymity and nonanonymity. *Journal of Consulting and Clinical Psychology*, 1968, 32(5), 506-509; and Stein, K., Sarbin, T. R., & Kulik, J. Further validation of antisocial personality types. *Journal of Consulting and Clinical Psychology*, 1971, 36(2), 177-182. Further information and a copy of the scale may be obtained from Kenneth Stein, 3210 Tolman Hall, University of California, Berkeley, CA 94709.

THE DELINQUENCY INDEX

The measurement of delinquency. New York: John Wiley and Sons, 1964.

Sellin, Thorsten, & Wolfgang, Marvin E., Center for Studies in Criminology and Criminal Law, University of Pennsylvania, Philadelphia, PA 19104

The Delinquency Index is an instrument designed to quantify delinquent acts in terms of frequency of occurrence and degree of seriousness. The purpose of the index is to provide a method by which increases or decreases in the number and severity of delinquent acts may be measured and recorded. The index assesses and quantifies delinquent events by assigning a numerical value to such an event which is a multiplicative function of the weight (assigned according to the degree of seriousness) and the frequency of the various criminal acts constituting the delinquent event. Thus, if several different acts constitute an event of delinquency, then the numerical value assigned to the event is the sum of the values assigned to the constituent acts. The weights assigned to particular criminal acts were determined from an analysis of 800 ratings by policemen, university students in Philadelphia , and juvenile court judges in Pennsylvania, who rated 141 criminal acts on a numerical magnitude scale and a category scale of seriousness. The numerical weights assigned to the following exhaustive list of delinquent acts are: "Acts yielding victims of bodily harm receiving minor injuries" (1); "Yielding victims who are treated for injuries and discharged" (4); "Yielding victims who are hospitalized" (7); "Yielding victims who are killed" (26); "Yielding victims of forcible sexual intercourse" (10); "Premises forcibly entered" (1); "Motor vehicle stolen" (2); "Property damaged or destroyed, under $10 (1), $10 to $250 (2), $251 to $2,000 (3), $2,001 to $9,000 (4), $9,001 to $30,000 (5), $30,001 to $80,000 (6), over $80,000 (7)." Information regarding the occurrence of a delinquent event must be obtained from police rather than court records, such that both convicted and nonconvicted delinquent events are recorded. The Events must also involve participants ranging in age from 7 to 18 years in order to be recorded as delinquent. The index may be utilized for other age groups, however. Use of the instrument outside Philadelphia would require the reassessment of the weights assigned to acts in order to assure the validity of comparisons. Further information and a copy of the index may be obtained from Marvin Wolfgang, Center for Studies in Criminalogy and Criminal Law, University of Pennsylvania, Philadelphia, PA 19104.

DELINQUENT BEHAVIOR INTERVIEW SCHEDULE

Delinquent behavior in an American city. Belmont, CA: Brooks & Cole, 1970.

Gold, Martin, Institute of Social Research, Box 1248, University of Michigan, Ann Arbor, MI 48106

The Delinquent Behavior Interview Schedule is a Q-sort method by which adolescents classify delinquent events in which they have participated. The method was developed as part of a study designed to find out from teenagers themselves how much delinquent behavior they have committed. The underlying rationale is that such an index would provide a more realistic picture of delinquency and delinquents than court and police records do because these records contain selectively sampled offenders who for various reasons are more likely to be apprehended. The delinquency assessment method involved personal interviews with adolescents ranging in age from 13 to 16 years. Interviews were conducted by peers and anonymity was guaranteed to respondents. The actual interview procedure required respondents to sort 17 cards on which were printed various delinquent acts. Subjects admitted participation by placing each card in slots designated by "never," "more than three years ago," "in the last three years ... once, twice, three or more times." When subjects had completed sorting the cards, interviewers asked a standardized set of questions regarding the "who, what, when, where, and how" of the confessed delinquent acts. Average duration of the interview procedure was an hour and a half. Sample items presented to subjects are: "Breaking and entering" ; "Shoplifting" ; "Arson" ; "Drinking" ; "Carrying concealed weapon," etc. The survey was administered to 522 adolescents. Comparisons between informant reports and subject admissions showed that overall 72 percent of the subjects' admissions confirmed informant reports. Using this self-report method, a significant relationship between socioeconomic status and delinquency was observed, with lower status boys showing greater degrees of delinquency. This trend did not hold, however, for females. See also: Gold, Martin. Undetected delinquent behavior. *Journal of Research in Crime and Delinquency*, 1966, 3, 27-46. Further information and a copy of the schedule may be obtained from the author.

FAMILY INFORMATION TEST

Delinquency as a function of intrafamily relationships. *Journal of Research in Crime and Delinquency*, 1968, 148-173.

Venezia, Peter S., NCCD Research Center, Suite D, Brinley Building, Davis, CA 95616

The Family Information Test (FIT) was developed by Venezia on the basis of information about family members which he expected would differentiate delinquent from nondelinquent boys. The FIT was administered to 312 experimental subjects and 100 controls. The test is administered in interview form and consists of 32 items. Sample items are: "What is the full name of each of your brothers and sisters?" (The middle name is the item of importance here.), "In what city did your parents meet each other?"; and "In what city did your father go to school?" The following recording system is used: "Fact" (an answer given as a certainty); "D. K." (an I don't know response to a question); "Guess" (an uncertain response). Each "D. K." or "Guess" response is scored as a failure. The final score for the test is the total number of questions wrong, to the nearest whole number. Reliability, validity, and some research information are available in the source document. The test items are also in the source document.

GROUP DATA SCHEDULE

A prognostic classification for juvenile court first offenders based on a follow-up study: A method applicable to the field of mental illness. A report, NIMH Special Grant 3M9 149(C2), August 1963.

Hutcheson, Bellenden R., Department of Mental Health, 190 Portland Street, Boston, MA 02114

The Group Data Schedule is one of a series of instruments devised to gather data on the psychosocial and constitutional characteristics of the delinquent. The schedules were designed for use by psychologists, psychiatrists, social workers, and probation officers. The Group Data Schedule, consisting of 44 items, is designed to yield reliable clinical judgments about the personality structure and group interaction patterns of court delinquents and their mothers. Some of the items are to be rated for the boys only, others are rated for the mothers only, and some are rated for both. Ratings are made by an observer who attends the group sessions. Ratings are made on 6-point forced choice ordinal scales for bipolar items and on 7-point ordinal scales for unipolar items. Items deal with: 1) Directly observable behavior such as rejection of leader's control, interest, and expression of friendliness; 2) Interaction patterns; and 3) General psychological characteristics such as "degree of guilt or remorse regarding the delinquent act." Finally six overall clinical assessments are made. The first of these, "level of intrapsychic pathology," is the final item rated by a single rater. The remaining items are rated jointly by a member of the boys' group team and of the mothers' group team. In the boys' groups, median reliability coefficients were .70 for the behavioral items and .60 for the interaction pattern items. For the mothers' group median reliability coefficients were somewhat lower for the higher level clinical inferences. A copy of the Group Data Schedule is available in the source document.

JUVENILE PROBATIONERS' BEHAVIOR AND ATTITUDES RATING SCALE

CO, University of Denver, 1971.

Horejsi, Charles R., Department of Social Work, University of Montana, Missoula, MT 59801

The Juvenile Probationers' Behavior and Attitudes Rating Scale is an instrument designed to measure the perceived effect of juvenile court probation volunteers on the behavior and attitudes of juvenile probationers. The instrument is intended for use with parents or parent surrogates of the probationers and is designed primarily for use during an interview situation with probationer's parents. The instrument consists of 37 items in addition to questions meant to collect personal data on the probationer and his family. Items use a rating scale form which varies from question to question. Sample items are: "Have things improved, remained the same, or gotten worse in regard to how often the probationer attends school? (if either improved or worse)"; "In your opinion, to what extent did the volunteer have something to do with this improvement or change for the worse (volunteer had a great deal to do with change, quite a bit to do with change, only a little bit to do with change, and had nothing to do with change)." The instrument requires approximately 45 minutes to complete. The author reports a split-half reliability of .88. A copy of the instrument is on University Microfilm in Horejsi, Charles R. Parents' perceptions of the effect of volunteers on juvenile probationers. Doctoral dissertation, University of Michigan, Ann Arbor, MI. Scoring procedures are also available in the above document.

MARION COUNTY YOUTH STUDY QUESTIONNAIRES

Eugene, OR, University of Oregon, 1964-1971.

Polk, Kenneth, Marion County Youth Study, University of Oregon, 1859 East Fifteenth Avenue, Eugene, OR 94703

The Marion County Youth Study Questionnaires (a title supplied by the abstractor) are a set of related instruments designed to measure variables of present and future life situations (e.g., work, school) of rural and small city adolescent populations. The instrument are intended for use with adolescents and are designed primarily to measure changes in life style that occur in the transition from adolescence to adulthood, especially on the variable of rural and small city delinquency. The instruments consist of approximately 110 forced choice and Likert-type items. A sample item is: "I do lots of things my parents would not approve of." The respondent's answer to the item is taken from a 4-level scale of agreement-disagreement. Some of the questionnaire items were newly designed while others were taken from previously published sources. The instruments are self-administered in approximately 45 minutes. The questionnaires are scored using Digatek coding for machine tabulation. Scoring requires about 10 minutes. No normative, reliability, or validity data are reported. To date, the only known application of the instruments has been in a study of developing male adolescents in Marion County, OR. The original instrument and its successors have been administered each year since 1964 to a sample of male youths who were sophomores in rural and small city high schools of Marion County in that year. Copies of the instruments are available from the author.

OCCUPATION FLASH CARDS RATING SCALES

Seattle, Atlantic Street Center, 1964.

Ikeda, Tsuguo, Seattle Atlantic Street Center, 2103 South Atlantic Street, Seattle, WA 98144

The Occupation Flash Card Rating Scales is an instrument designed as part of the Parent Interview Schedule and is intended as a selective or predictive tool for use in the identification of "high risk" or delinquent prone youths. This instrument and the parental interview of which it is a part are intended to yield information on parents' attitudes toward their children, as well as parents' self-conceptions, with the aim of relating parental attitudes to the development of delinquent behavior in youths. The format of the test items involves presenting parents with a card on which are listed nine jobs: "Owner of a lunch stand"; "Manager of a grocery store"; "Accountant"; "Owner of a manufacturing company"; "Electrician"; "Janitor"; "Physician"; "Truckdriver." The parent is then presented with another card on which is depicted a ladder like figure with nine rungs numbered one to nine from bottom to top. Beside the bottom rung is the label "least successful job"; beside the top rung is the label "most successful job." The intermediate rungs are not labeled but are numbered two to eight so as to present the respondent with a continuum of possible ratings from "least" to "most." The parent is asked to rate each of the nine jobs in terms of the numbered rungs and the corresponding labels. The parent is presented with a series of cards depicting similar figures, each of which has a different descriptive label corresponding to the bottom and top rungs. Sample labelings of the bottom and top rungs respectively are:" I would least like my son to have," and, "I would most like my son to have"; "My son would be least likely to have," and, "My son would be most likely to have." The parent is asked to rate each of the nine jobs in terms of the various labels corresponding to the top and bottom levels of each of the figures. By varying the relative occupations as to prestige and education required, ratings provide information as to parents' conception of the child's capacities and their expectations of his future, as well as parents' self-conceptions. Further information and a copy of the instrument may be obtained from the author.

PARENT INTERVIEW SCHEDULE
Seattle, Atlantic Street Center, 1964.

Ikeda, Tsuguo, Seattle Atlantic Street Center, 2103 South Atlantic Street, Seattle, WA 98114

The Parent Interview Schedule is an instrument designed to measure parental attitudes on the worth of education, occupational preferences, how the parent views himself and his social position, and how the parent views himself and the social position of his child. The purpose of the instrument is to relate particular patterns of parental attitudes to the development of delinquent social identifications in youths of junior high school age. Delinquent predispositions in children of parents responding to the Parent Interview Schedule are measured by a separate accompanying instrument entitled The Student Opinion Survey. The information provided by the two instruments is intended for use in the prediction and selection of those youths most likely to engage in delinquent acting out behavior during their junior high school years. Sample questions from the interview are: "Would you like (name of child) to choose a different group of friends?"; "If (name of child) had the choice, do you think he would choose a different group of friends?"; "If you had a chance would you choose a different set of neighbors?"; "What would you say are your husband's chances of getting the job of his choice?"; "How far did you go in school?"; "How far would you have liked to go in school?"; "How far do you insist that (name of child) go in school?"; "To keep busy and out of trouble is: very important, important, not very important, not at all important"; "If you had to choose between buying a new car and sending one of your children to college, which would you choose?"; "Are you interested in what your children think of you?"; "Do your children trust you?"; "In spite of what people say, the lot of the average man is getting worse." Further information and a copy of the instrument are available from the author.

PERSONAL OPINION STUDY
Personality factors related to juvenile delinquency. Child Development, 1961, 32, 355-372.

Peterson, Donald R., Quay, H. C., & Tiffany, T. C., Psychological Clinic, Department of Psychology, Children's Research Center Building, University of Illinois, Champaign, IL 61820

The Personal Opinion Survey (POS), developed by Quay and Peterson, is a 100-item true-false questionnaire designed to measure three behavior problem categories: "Neurotic-disturbed delinquency" (30 items); "Unsocialized-psychopathic delinquency" (45 items); "Socialized-subcultural delinquency" (25 items). Neurotic delinquency is interpreted as impulsive and aggressive tendencies accompanied by tension, guilt, remorse, depression, and discouragement. Psychopathic delinquency is interpreted as reflecting tough, amoral, rebellious qualities coupled with a distrust of authority and freedom from interpersonal ties. The subcultural delinquency category appears to mirror attitudes, values, and behavior commonly thought to occur among members of culturally and economically disadvantaged delinquent gangs. The POS was developed out of a series of factor analytic studies of the responses of both delinquents and normals to a large pool of items related to attitudes, beliefs, feelings, and behaviors. Its intended usage is to differentiate normals from delinquents and to identify differences between delinquents. Sample items include: "I do what I want to do, whether anybody likes it or not"; "Even when things go right I know it won't last"; "There is something wrong with a person who can't take orders without getting angry or resentful." The POS can be taken by anyone whose reading ability is near the sixth grade level. It can be self-administered or administered orally or by tape recorder to nonreaders. Test-retest reliability coefficients were .76 for the neurotic-disturbed scale, .75 for the psychopathic scale, and .61 for the subcultural scale. Validity discussions, normative data, additional information, and a copy of the instrument are available from H. C. Quay at the same address as the first author.

PERSONAL RATING SCALE (FORM M AND F)
Bethany, OK, Bethany Nazarene College, 1972.

Ladd, Forrest E., Department of Psychology, Bethany Nazarene College, Bethany, OK 73008

The Personal Rating Scale (Form M and F) is an instrument designed to measure the self-concepts of delinquent juveniles. The instrument is intended for use with male (Form M) or female (Form F) delinquents referred by the local police and the juvenile court. The instrument consists of 26 items. The subject is asked to respond to two questions on each item: "Are you like her (him)?"; "Do you want to be like her (him)?" The alternatives for answering the questions are "no," "seldom," "seldom," "sometimes," "often," "yes." Sample items are: "Mary (Tom) usually does what she (he) is supposed to do without anyone's having to make her (him)"; "Mary (Tom) usually thinks ahead before she (he) does something"; "Mary (Tom) thinks most adults are phonies"; "Mary (Tom) thinks she (he) is unattractive." The instrument is self-administered. A copy of the instrument is available from the author.

PERSONAL RATING SCALE (PARENTS AND COUNSELORS)

Bethany, OK, Bethany Nazarene College, 1972.

Ladd, Forrest E., Department of Psychology, Bethany Nazarene College, Bethany, OK 73008

The Personal Rating Scale (Parents and Counselors) is an instrument designed to measure the perceptions of parents and counselors concerning a juvenile delinquent. The instrument is intended for use with the parents and counselors of male or female delinquents. The scale consists of 26 items. The subject is asked to respond to each item with one of five alternatives, "no," "seldom," "sometimes," "often," "yes." Sample items are: "This youth usually does what he is supposed to without anyone having to make him"; "This youth usually had one or more close friends"; "This youth gets along well with the adults he lives with"; "This youth thinks the adults he lives with let him make his own decisions." The instrument was developed with a similar scale for the delinquent youth to answer in order to compare the youth's perceptions of himself and an adult's perception of him. A copy of the instrument is available from the author.

PHYSICAL HEALTH DATA SCHEDULE

A prognostic classification for juvenile court first offenders based on a follow-up study: A method applicable to the field of mental illness. NIMH Special Grant 3M9 149(C2), August 1963.

Hutcheson, Bellenden R., Department of Mental Health, 190 Portland Street, Boston, MA 02114

The Physical Health Data Schedule is one of a series of instrument designed to gather data on the psychosocial and constitutional characteristics of the delinquent. The schedules were designed for use by psychologists, psychiatrists, social workers, and probation officers. The Physical Health Data Schedule, consisting of 40 items, was specifically designed to explore the relationship between delinquency and constitutional factors. Three types of data are obtained: 1) Historical facts obtained by questioning of the individual and his parents or guardians (19 items); 2) Anthropometric data (seven items); 3) Present physical status (14 items). The majority of ratings are made on 5-, 6-, or 7-point ordinal scales. Sample items are: "Is child's nutrition adequate by history? 1) yes, 2) no, 3) don't know"; "Child's physique, according to Wetzel Grid: (circle one) 1) obese, 2) stocky, 3) good, 4) fair, 5) borderline, 6) poor"; "Based on the foregoing findings, how would you assess the present physical status of this child? 1) excellent, 7) poor, 8) unable to rate." Reliability coefficients were computed on 26 cases by Fisher's R. They ranged from .50 to .76 with a median of .62. A copy of the schedule is available in the source document.

PSYCHIATRIC DATA SCHEDULE

A prognostic classification for juvenile court first offenders based on a follow-up study: A method applicable to the field of mental illness. NIMH Special Grant 3M9 149(C2), August 1963.

Hutcheson, Bellenden R., Department of Mental Health, 190 Portland Street, Boston, MA 02114

The Psychiatric Data Schedule (PDS) is one of a number of schedules which were devised to gather data on the psychosocial and constitutional characteristics of the delinquent in areas and situations deemed possibly important in the etiology of delinquency: "Family life"; "Personality and social attributes"; "Physical health"; "School adjustment"; and "Interaction with peers." The schedules were designed for use by the psychologists, psychiatrists, social workers, and probation officers. The PDS contains 64 interview items designed to explore the circumstances leading up to the delinquent act as well as the personality structure of the actor, examine the actor's perceived relationships with his family, peers, school, and community, present a descriptive behavioral picture of each delinquent as seen in the interview, and assess the dynamic meaning of the delinquent act. Most of the items are structured in the form of 6- or 7-point scales ranging from "very much" to "not at all present." A sample item is: "Manifests sullen, hostile withdrawal during interview." The PDS is divided into four primary sections: "Diagnostic assessment" (39 items); "Intervention plan" (20 items); "Prediction of persistent delinquency" (three items); and "Psychiatric meaning of the delinquent act" (two items). Interjudge reliability coefficients for the 64 items range from -.31 to .95 (n=20). In research applications of this instrument it has been found that five factors from the PDS showed significant differences between recidivists and nonrecidivists. A copy of the instrument is available in the source document.

PSYCHOLOGICAL RATING SCHEDULE

A prognostic classification for juvenile court first offenders based on a follow-up study: A method applicable to the field of mental illness. NIMH Special Grant 3M9 149(C2), August 1963.

Hutcheson, Bellenden R., Department of Mental Health, 190 Portland Street, Boston, MA 02114

The Psychological Rating Schedule is one of a series of instruments devised to gather data on the psychosocial and constitutional characteristics of the delinquent. The schedules were designed for use by psychologists and other professionals. The Psychosocial Rating Schedule, a rating schedule concerning Rorschach responses for use by psychologists, was specifically designed to assess the adequacy of those psychological processes generally grouped under the term ego function, including such processes as reality testing, impulse control, object relations, and other related factors such as mood or thought disturbance and anxiety. The final form of the Psychological Rating Schedule consists of 15 5-point or 7-point ordinal scales. Fourteen of these scales are designed to measure specific personality features such as depression, dependency management, and degree of anxiety, while the last scale is an overall rating on the level of pathology. A set of specific criteria have been developed for each of the first 14 scales. For example, the specification set forth for the scale "impulse control" are: "Consider particularly 1) M to FM and FC to CF; 2) Color reference with no scorable color responses; 3) Predatory animals; 4) Form levels of color responses; 5) F+ % 60 or below; 6) Presence of shading; 7) In the absence of M, FM and color, major consideration is to be F+ %. Results of interrater reliability testing indicated a range of .43 to 1.0 with a median correlation of .78. A copy of the instrument is available in the source document.

SOCIAL DATA SCHEDULE

A prognostic classification for juvenile court first offenders based on a follow-up study: A method applicable to the field of mental illness. NIMH Special Grant 3M9 149(C2), August 1963.

Hutcheson, Bellenden R., Department of Mental Health, 190 Portland Street, Boston, MA 02114.

The Social Data Schedule is one of a series of instrument devised to gather data on the psychosocial and constitutional characteristics of the delinquent. The schedules were designed for use by psychologists, psychiatrists, social workers, and probation officers. The Social Data Schedule, consisting of 78 items, was specifically designed to permit gathering of the social data necessary to integrate social and psychological factors in delinquency. The schedule consists of factual items organized under six major areas: 1) Family background (38 items); 2) Characteristics of the offense (16 items); 3) Criminal record of the family (six items); 4) Disposition of the case (two items); 5) School performance and behavior(nine items):and 6) Area characteristics (seven items). Family background items explore such factors as "size of family," "birth order of child," and "education and employment of father." The criminal record section deals with the court history of the child and other members of the family. The items on disposition indicate how well the court's disposition agrees with recommendations by the clinic. Items dealing with school performance pertain to IQ, grades and school violations. Finally, the area characteristics section includes demographic factors. Data recorded in the schedule comes from several background forms, interviews by social workers, and census tract data. Copies of the background forms and Social Data Schedule are available in the source document.

SOCIAL HISTORY CHECK LIST

A prognostic classification for juvenile court first offenders based on a follow-up study: A method applicable to the field of mental illness. NIMH Special Grant 3M9 149(C2), August 1963.

Hutcheson, Bellenden R., Department of Mental Health, 190 Portland Street, Boston, MA 02114

The Social History Check List is one of a series of instruments devised to gather data on the psychosocial and constitutional characteristics of the delinquent. The schedules are designed for use by psychologists, psychiatrists, social workers, and probation officers. The Social History Check List, consisting of 17 items, provides the examining psychiatrist with a detailed record in objective form of salient features of the boy's developmental and recent history. All data are placed on a single sheet in structured precategorized form for easy transference onto the Social Data Schedule or IBM punch cards. Items deal with physical and mental problems, stresses, family conflict, parental problem, and outstanding talents. A sample item is: "Did child run away from home three or more times? Yes, no, can't say." A copy of the check list is available in the source document.

SOCIAL WORK DATA SCHEDULE
A prognostic classification for juvenile court first offenders based on a follow-up study: A method applicable to the field of mental illness. NIMH Special Grant 3M9 149 (C2), August 1963.

Hutcheson, Bellenden R., Department of Mental Health, 190 Portland Street, Boston, MA 02114

The Social Work Data Schedule is one of a number of schedules designed to gather data on the psychosocial and constitutional characteristics of the delinquent in areas and situations deemed possibly important in the etiology of delinquency: "Family life"; "Personality and social attributes"; "Physical health"; "School adjustment"; and "Interaction with peers." The schedules were designed for use by psychologists, psychiatrists, social workers and probation officers. The Social Work Data Schedule contains 37 interview items designed to assess behavior shown by parents in relation to their handling of a current stress situation (i.e., the court appearance of the child for a delinquent act). The instrument is divided into nine primary sections: "Mother-child communication patterns" (two items); "Maternal assessment" (seven items); "Maternal action plan" (eight items); "Mother-court communication patterns" (one item); "Father-child communication patterns" (two items); "Paternal assessment" (seven items); "Paternal action plan" (eight items); "Father-court communication patterns" (one item); and "Parent-to-parent communication patterns" (one item). The material is gathered in one interview approximately one and one-half hours long during which both parents are seen together as well as separately. A sample item is: "Did parents discuss the problems together? 1) yes-earnestly and seriously, 2) yes-token discussions only, 3) no, 4) N.A.-discussion not possible." Administration time is approximately 10 minutes, and the instrument can be used by nonclinical personnel with the help of a good operational manual. Of the 37 items in the scedule, 13 showed reliability better than .01 and seven better than .05 while 10 items showed complete agreement but no spread. In research applications of this instrument it has been found that one factor showed significant differences between recidivists and nonrecidivists. A copy of the Social Work Data Schedule is available in the source document.

STUDENT OPINION SURVEY
Seattle, Atlantic Street Center, 1964.

Ikeda, Tsuguo, Seattle Atlantic Street Center, 2103 South Altanic Street, Seattle, WA 98144

The Student Opinion Survey is an interview format instrument designed as a selective or predictive measure with which to identify "high risk" or delinquent prone youths. Items in the survey are written around various theories of delinquency as for example, community disorganization theory, negative self-concept theory, anomie theory, and family disorganization theory. The instrument is administered to classes of youths by teachers or may be administered individually in a counseling situation. The interview requires one hour for completion. The instrument taps the attitudes of pre junior high school youths regarding educational aspirations, evaluation of education as a means to the things desired, self-concept, and parental concepts. The answers to such questions are compared with questions of a similar nature given by the youth's parents and an attempt is made to relate particular characteristics of the parent-child relationship to the development of delinquent identifications. Sample items from the survey are, 1)"If you had a chance would you have a different group of friends?"; 2)"Do you like the neighborhood you live in?"; 3)"How far in school do you want to go before you quit and go to work?"; 4)"How far in school do your parents want you to go?"; 5)"Would your close friends expect any of these things from you: Drive a car without a license? Skip school without an excuse? Disobey your parents? Take things which do not belong to you? Buy or drink beer, wine or liquor? Destroy the property of others? Threaten or beat kids for money?"; 6)"Would your parents expect any of these things from you?" (often, sometimes, seldom, never). A pretest of the survey was administered to 347 seventh grade boys in Seattle, WA. Further information regarding results of the pretest and a copy of the survey are available from the author.

THE WAY I LOOK AT THINGS
Inmate perceptions of institutional stay. Columbus, Ohio State University, 1968.

Eynon, Thomas E., & Reckless, Walter C., no address for the first author

The Way I Look At Things is a questionnaire developed to measure the impact of institutional stay on delinquent and adult inmates of correctional institutions. The instrument consist of 60 items. Items are constructed as declarative statements and questions about which respondents are asked to give their attitudes regarding the nature and impact of the institutional stay. A 4-or-5-point bipolar response scale is used. The instrument was devised from 300 impact of stay items administered to 200 youths at the Training Institution, Central Ohio. The 300 items were factor analyzed and grouped into six factors from which the instrument in its present form was derived. The areas sampled by the instrument are: "Interpersonal approach" ; "Inmate code" ; "Rejection of institution" ; "Inmate pressure" ; "Rejection of positive impact" ; and "Self-labeling." Representative items from these areas are: "Regardless of what they say, the best way to get along here is to run errands for the officers" ; "The other boys make it hard or easy on a guy for following the rules" ; "At the present time do you think of yourself as someone who has been a patient in a hospital?" An identical instrument with slight changes in wording is also available for use with adult prisoners. More information and a copy of either form of this instrument is available from W. C. Reckless, Department of Sociology, Ohio State University, 1775 South College Road, Columbus, OH 43210.

THE WAY IT LOOKS TO ME

Self-concept measure of potential delinquency. American Journal of Orthopsychiatry, 1962, 32, 159-168.

Dinitz, Simon, & Reckless, Walter C., no address for the first author

The Ohio State University Delinquency Research Project's Self-Concept Inventory entitled "The Way It Looks To Me" is an instrument designed to measure and identify the self-concept reported by potentially delinquent children from the ages of 12 to 14 years. Development of the instrument involved the rating of sixth grade boys of the inner city Columbus, OH, schools by teachers with whom they had had all day contact for a period of eight months. Teachers were asked to distinguish boys who were "headed for trouble with the law" from those who were not. From an initial large sample of self-concept items, 16 items were selected for the present scale on the basis of their ability to discriminate significantly between boys rated as potential delinquents and nondelinquents by teachers. Sixteen filler items were added to these to comprise the present 32-item scale. Sample items are: "Do you expect people to give you an even break?"; "Is it hard for you to have fun when you obey the law and your parents?"; "Are grown-ups usually against you?" The instrument lends itself to mass or individual administration. The theoretical rationale for the instrument is that unfavorable self-concept as measured by this instrument is correlated with potential for delinquency. Forty-six items from Hough's California Socialization Scale were used to corroborate directionality of the total scores obtained with the use of the present instrument. Similarity of direction was observed. No normative data have been compiled. Suggested use of the instrument is to compare predicted directionality and significance of differences for mean scores of various criterion groups. The instrument is thus not intended for comparison of individual scores. Further information and a copy of the inventory may be obtained from the second author, W. C. Reckless, Department of Sociology, Ohio State University, 1775 South College Road, Columbus, OH 43210.

MARRIAGE AND DIVORCE

BEIER-STERNBERG CONFLICT QUESTIONNAIRE
Salt Lake City, University of Utah, 1972.

Beier, Ernst G., & Sternberg, Daniel P., Department of Psychology, University of Utah, Salt Lake City, UT 84112

The Beier-Sternberg Conflict Questionnaire is an instrument designed to measure agreement and disagreement and feelings about the agreement or disagreement in an individual's marriage. The instrument is intended for use with newlywed couples and is designed primarily to investigate patterns of communication in newlyweds. The instrument consists of 10 topics to which the subject is asked to respond on a one to seven scale of "agree" to "disagree." Additionally, the subject is asked to explain how he feels about the agreement or disagreement on a one to seven scale of "happy" to "unhappy." Sample topics are: "Money"; "Children"; "Sex"; "Concern and love"; "Doing things together"; "Friends and social life"; "Getting ahead"; "Politics"; "Children's education"; "Religion." The instrument was developed through research on the analysis of extraverbal communication processes. The instrument is self-administered. A copy of the instrument and a report on the results of the study are available from the author.

DYNAMICS OF DIVORCE INTERVIEW SCHEDULES
Evanston, IL, Northwestern University, 1970.

Bohannan, Paul J., Department of Anthropology, Northwestern University, Evanston, IL 60201

The Dynamics of Divorce Interview Schedule is a 9-page interview guide or questionnaire designed to be filled out by an interviewer as he interviews a divorced person. The questions on this schedule are divided into eight sections. The first section concentrates on family background. Section II concerns details of the spouse's background, details of courtship, and history of this and other marriages. Section III concentrates on the particulars of the divorce itself. Section IV deals with interpersonal relationships with the exspouse and others during the post-divorce period. Section V is devoted to the divorce arrangements with respect to the children and their subsequent implementation. Section VI deals with the financial arrangements of the divorce. Section VII concerns relationships between family members on both sides in the remarriage following a divorce, including relationships with former spouse. Section VIII is devoted to the respondent's attitudes toward divorce and marital counseling. The questions in the schedule are meant to be a guide to the interviewer in exploring the particular area in question. Open-ended responses are recorded. No data on reliability or validity of the interview schedule are available. A copy of the schedule may be obtained from the author.

FAMILY FUNCTIONING INSTRUMENT
Indianapolis, Purdue University, 1971.

Dunigan, Janeth, Graduate School of Social Service, Indiana University-Purdue University at Indianapolis, 925 West Michigan Street, Indianapolis, ID 46202

The Family Functioning Instrument is designed to measure the effect of a patient's mental hospital stay on the family's expectations for that patient to be a functioning and contributing family member on discharge. The instrument is intended specifically for use by husbands of hospitalized wives. The 13-page instrument consists of three parts plus two pages requesting demographic and biographic information on the patient's family. In each part, 45 role tasks through which wife-mother contributes to the three main functions of the family are presented. There are 15 household tasks (e.g., "Do the dusting"), 15 child care tasks (e.g., "See that the children go to bed on time") and 15 marital tasks (e.g., "Have sex with you"). In Part I, the 45 tasks are presented in random order, and the husband is asked to rate the importance of each task on a 4-point scale ranging from "very important" to "no importance." In Part II, the tasks are again presented, organized according to task area. The husband is asked to determine first whether or not his wife is credited with performing the tasks before she was hospitalized and, second, to rate the quality of the performance on a 4-point scale from "very good" to "poor." If no credit for performance is given, (i.e., the wife failed to do the task, to do successfully her share of the task or to supervise performance assigned to another family member), the prehospital role substitute is requested. In Part III, the 45 tasks are rated in the context of the husband's expectations for his wife's quality of performance after her discharge. The instrument is self-administered. The scores from Part I are used to weight those from Parts II and III. This is done by multiplying the score for each task the wife performed or is expected to perform by the importance rating score of that task. The task roles were developed through brief interviews with patient families on the basis of previous studies and on the author's experience. A copy of the instrument is available from the author.

FAMILY PATTERNS PROFILE

Minneapolis, MN, University of Minnesota, 1962.

Straus, Murray A., Department of Sociology, University of New Hampshire, Durham, NH 03842

The Family Patterns Profile (FPP) is a forced choice instrument designed to measure the four variables described by Parsons (Parsons, T. *The social system*. New York: Free Press, 1951) achievements, neutrality, self-orientation, and role differentiation. The FPP measures these four variables from the interaction of family members. This instrument measures the criteria employed by the husband and wife to structure intrafamilial interaction. There are 84 pairs of items, half of which refer to the husband's role and half to the wife's. The respondent is asked to choose from each pair the item which is most like himself (herself) in the first half and most like his (her) spouse in the second half. Sample items include: "House decoration is the wife's decision"; "He dislikes a party where people relax and express their emotions"; "Wants her husband to win at cards or at sports he plays." The FPP is designed for self-administration using a question booklet and a separate answer sheet. It is hand scored. A separate score is obtained for the husband's role and the wife's role. A family score is obtained by summing the husband and the wife's role. Some data have been collected that offer evidence of construct validity. Test-retest reliability coefficients are: "Achievement," husband scores (.87), wife (.55), family (.79); "Neutrality, husband (.73), wife (.72), family (.62); "Self-orientation," husband (.68), wife (.66), family (.74); "Role differentiation," husband (.69), wife (.81), family (.75). Scoring procedures, additional information, and a copy of the instrument are available from the author.

THE FOA INTERPERSONAL INTERACTION QUESTIONNAIRE

Interpersonal reinforcers: Classification, interrelationship, and some differential properties. *Journal of Personality and Social Psychology*, 1971, 19(2), 168-180.

Turner, Jim L., Foa, Edna B., & Foa, Uriel, G., no address for the first author

The Foa Interpersonal Interaction Questionnaire is an instrument designed to measure the intercorrelations among perceptual and behavioral types of variables in interpersonal behavior. The proposed classifications for perceptual variables are: a) Actor (other or self); b) Level (actual or ideal); and c) The person from the point of view of whom the action of given actor is perceived, termed alias (other or self). The proposed behavioral variables are: a) Content (acceptance or rejection); b) Object (other or self); and c) Mode (social or emotional). An eight by eight (perceptual by behavioral) matrix was composed in which various interpersonal behaviors could be classified into one of the resulting 64 perceptual-behavioral combinations or cells. For each of the 64 resulting cells, three brief stories were written comprising a 192-item questionnaire in Guttman form. For each of the eight types of behavior (two behavior types for each of the three behavior variables) and for each actor (other, self, and alias) three short stories were prepared in Guttman form with which the subject was asked to agree or disagree following the Guttman scale procedure. After each story four questions were asked to differentiate between perceptual types. Thus, example of the three stories reflecting social, acceptance of other are: "Abraham has consideration for his wife and displays toward her respect and esteem"; "Isaac thinks his wife is very successful and especially esteems her personality and her actions"; "Jacob is sure that everything his wife does is important and good and there is no limit to the esteem and importance he attributes to her." Samples of the four questions tapping the respondent's perceptual orientation are: "Do you behave as does the husband in the story?" (actual level, alias of actor); "Do you think that a husband should behave as does the husband in the story in relation to his wife?" (ideal level, alias of actor); "Would your wife say that you resemble the husband in the storv?" (actual level alias of nonactor); "Would your wife say that a husband should behave thusly?" (ideal level, alias of nonactor). In this manner, the behavioral type and actor were specified by the story, and the remaining two perceptual variables (level and alias) by the question. The same question was asked three times, once after every one of the three stories for a given type of behavior and actor. Thus three observations were obtained for each variable. These were found to be scalable, and a scale score was computed following the usual procedure for Guttman scaling. The instrument was designed specifically to investigate the social interaction between married couples. This was done by correlating the scale score of each variable with the score of each of the other variables. Eight by eight intercorrelation matrices are thus obtained for each observer, and 16 matrices for each couple (or interacting pair). This constitutes an interaction profile by which the nature of a couple's interaction maybe objectified and measured. Further information and a copy of the questionnaire may be obtained from Uriel G. Foa, 228 Roberts Avenue, Glenside, PA 19038.

INVENTORY OF MARITAL CONFLICTS

Inventory of marital conflicts: An experimental interaction procedure. *Journal of Marriage and the Family*, 1970, 32(3), 443-448.

Olson, David H., & Ryder, R. G., NIMH, Building 15-K, 9000 Rockville Pike, Bethesda, MD 20014

The Inventory of Marital Conflicts (IMC) is an interaction technique that was developed to provide valid and reliable interaction data on decision-making processes and conflict resolution in couples. The IMC consists of 18 vignettes which present various types of marital conflicts that are generally relevant to couples. Sample vignette content areas are: a) Visitation of husband's friend; b) Satisfaction during sexual relations; and c) Seeking help for marital problems. The couples first individually evaluate each item; they are asked four questions about each of the conflicts presented: 1) Who is primarily responsible for the problem?; 2) A content question which they can accept or reject that suggests a way for resolving the conflict; 3) Have you had a similar problem?; 4) Have you known other couples who have had similar problems? After they have individually completed their forms in separate rooms, the couple is brought together and asked to discuss fully each conflict situation and jointly decide who is primarily responsible for the disagreement, the husband or wife, and which of two mutually exclusive ways of resolving the conflict is best. Two basic scores are obtained. One enables the scorer to learn the relevance of the case materials to the couple's lives and allows for a comparison of interaction styles. The other score (a win score) is determined by whose final decision was accepted when the husband and wife disagreed on their individual forms. Coding of the tape recorded discussion of the cases by the couple is also possible and is described in the source document. Reliability and validity data are also in the source document. A copy of the instrument is available from the author.

MARITAL COMMUNICATION SCALE

Nonverbal communication and marital satisfaction. Family Process, 1970, 9(4), 449-456.

Kahn, Malcolm, University of Miami Guidance Center, P. O. Box 8186, Coral Gables, FL 33124

The Marital Communication Scale (MCS) is an instrument designed to measure accuracy of nonverbal communication between married couples. The instrument is intended for use with married couples who fall below the late middle-aged and aged levels and was designed primarily as a research and counseling tool. The MCS consists of 16 items and requires mates to communicate a standard set of measures to each other in a dyadic, face-to-face setting. Each item includes the following parts, a hypothetical situation which calls for a communication from one spouse to the other; three possible alternative attitudes or intentions regarding the situation; and a specific verbal message. A sample item (wife's form is: "You and your husband are sitting alone in your living room on a winter evening and you feel cold, a) you wonder if he is also cold or it is only you who are cold, b) you want him to warm you with physical affection, and c) you want him to turn up the heat. "I'm cold, aren't you?'" The expresser must communicate to his partner through the verbal message the alternative intention that has been designated by the experimenter. After each communication, the receiver is given a copy of the three intentions and must select the one he believes his partner has attempted to convey. The husband is the communicator for eight items, and the wife for eight other items. The alternative intentions are selected according to a standard procedure which controls for receiver's knowledge of the communicator's typical attitudes. The instrument is administered by the experimenter. The score is the total number of accurately communicated items with a range from 0 to 16. The MCS was developed through references to marriage counseling areas of conflict and constructed through pilot research and item analysis. Reliability is reported as .87. Validity data are available in the source document. To date, the major application has been in studies of marital satisfaction and marital enrichment procedures. A copy of the instrument and additional information may be obtained in the author's dissertation: Kahn, M. Nonverbal communication, a factor in marital satisfaction. University of Michigan Doctoral Dissertation, Order No. 70-7292, 1970.

MARITAL RELATIONS SCALE

Los Angeles, University of Southern California, Ethel Percy Andrus Gerontology Center, 1972.

Bengston, Vern, Gerontology Center, University of Southern California, Los Angeles, CA 90007

The Marital Relations Scale is an instrument designed to measure interaction quality and frequency between husbands and wives. Respondents evaluate 10 statements, each of which represents something a husband and wife might do together, in terms of how often it happens in their own marital interaction. The 5-point rating scale ranges from: "It hardly ever happens" to "almost always when we are together." Sample items include: "You become critical and belittling"; "You have a good time together"; "One of you refuses to talk in a normal manner." The scale comprises a portion of a 20-page booklet entitled A study of generations (Phase B, Family Relations) which is used in a comparative study of attitudes and feelings of parents, grandparents, and young adults. The research served by the booklet is designed to discover similarities and differences that exist bewteen age groups in contemporary American society. The Marital Relations Scale is self-administered as part of the booklet. Respondents mail the completed booklet to the University of Southern California Gerontology Center. To date, the major application of the instrument has been in a generational study of some 5,000 subjects conducted by the center. A copy of the instrument is available in the Phase B booklet and may be obtained from the center.

THE MARRIAGE RELATIONSHIP INVENTORY
Ventura, CA, Cabrillo Mental Health Group, 1973.

Morrison, Andrew V., & Schoenherr, John C., 145 North Brent Street, Ventura, CA 93003

The Marriage Relationship Inventory (MRI) is an instrument designed to tap a number of problem areas contributing to marital discord. The instrument consists of 171 items divided into 13 areas of possible marital disagreement. The 13 areas sampled by the MRI are: 1) Recreation; 2) Friendship, neighborhood, community relations; 3) Religion, morals, philosophy; 4) The children; 5) Work; 6) Use of time; 7) In-laws, parents, or other relatives; 8) Money; 9) Communication; 10) Showing affection, respect, consideration; 11) Physical health; 12) Sex; 13) Relations with previous mates. A final area labeled "other" is provided which respondents use to list problems not covered by the 13 test areas. Below each of the 13 problem headings, a list of about 12 items is given describing specific problems related to the problem area. Sample items from the 13 respective problem areas are: "Too little time spent for recreation"; "We have too few friends"; "One of us is much too religious"; "One of us doesn't spend enough time with the children"; "Employment is too unsteady"; "We spend too much time together"; "In-laws, parents, or other relatives seen too often"; "We save too much money"; "One of us is too secretive"; "One of us is too cold"; "One of us is frequently quite sick"; "Our sex life is too routine"; "Alimony costs are burdensome." Subjects are instructed to place a check beside each statement reflecting a perceived problem area. Where test items refer to one of us, subjects are instructed to specify self, spouse, or both. The MRI requires about one hour for completion and is hand scored. The instrument has been used primarily as a clinical diagnostic device by means of which marriage counselors identify sources of marital disagreement. The instrument is in its experimental stages and has been pretested using 15 couples. No reliability or validity data are as yet available. Further information and a copy of the MRI may be obtained from the author.

THE MARRIAGE SURVEY
University Park, University of Denver, 1966.

Key, William H., Department of Sociology, University Park, University of Denver, Denver, CO 80210

The Marriage Survey is an interview outline designed to assess respondent's attitudes regarding the success or failure of their marriage and the factors contributing to this success or failure. The instrument was developed by Marc Fried for use in a study of the impact of relocation in Boston and recently used as part of a study aimed at investigating the longitudinal impact of disaster (specifically, the 1966 Topeka tornado) on family functioning and interpersonal relations. The instrument consists of 78 question items for which an interviewer checks the one response alternative which most closely corresponds to the respondent's answer. The instrument requires about 30 to 60 minutes for completion. Sample items from the interview are: "What are the most important things that make a successful marriage and why?"; "What things about your marriage were not quite so nice?"; "Who takes care of paying the bills?"; "Who punishes the children?"; "Who makes the final decisions in the family?" The present instrument has been used specifically to investigate the impact of the 1966 Topeka tornado on families residing in that area. Both those families exposed to the tornado, and those not exposed were interviewed, so as to assess differences in familial functioning as the result of having experienced the disaster. In addition, various income groups were interviewed in order to analyze class differences. Analysis of the data collected is currently under way. Further information and a copy of the scale may be obtained from the author.

QUESTIONNAIRE TO ANTHROPOLOGISTS
Evanston, IL, Northwestern University, 1970.

Bohannan, Paul J., Department of Anthropology, Northwestern University, Evanston, IL 60201

This Questionnaire to Anthropologists was designed to be sent to anthropologists who have studied patterns of marriage and marriage dissolution or divorce in some other culture. The questionnaire is divided into six parts. Part A asks specific questions that identify the society studied and its general characteristics. The questions in Part B are concerned with nature of marriage dissolution in this culture. Part C is concerned with what the estranged spouses and children do and how they live after the divorce. Part D deals with questions about the role and position of a divorced person in the society in question. Part E concerns the customs about remarriage. The final section deals with the interrelationships between members of the new and old family groups of divorced persons. There are 66 questions in all, many requiring only short answers but many others that could requires pages to answer. No data on reliability or validity of the questionnaire are available. A copy of the questionnaire may be obtained by writing the author.

THE SELF-DISCLOSURE QUESTIONNAIRE

Palo Alto, Mental Research Institute, 1972.

Bodin, Arthur M., Mental Research Institute, 58 Middlefield Road, Palo Alto, CA 94301

The Self-Disclosure Questionnaire is an individual approach to family assessment. It was developed as a modification of Jourard's Self-Disclosure Questionnaire, by adding questions on the family of origin and the adult family, including supposed spouse perspective as well as one's own, and using an 8-point scale instead of a 4-point scale. The instrument contains 52 items about different aspects of living. Each item is rated on an 8-point scale of degree in terms of: a) "How much you have revealed yourself to your spouse on this item," and b) "How much you think your spouse has revealed him/herself to you on this item." A sample item is: "What it takes to hurt my feelings deeply." Other items concern such things as what each likes and dislikes about spouse, feelings each has about relationships with his own family members, his hopes, fears, sex behavior and needs, and his feelings about himself. The questionnaire is a self-paced, paper and pencil test. The instrument yields individual scores which can be compared with those of the spouse to produce a picture of interpersonal patterns. A copy of the instrument is available from the author.

MENTAL HEALTH ATTITUDES OF PATIENTS

ATTITUDES TOWARD HOSPITALIZATION SCALE
Pullman, Washington State University, 1958.

Garlington, Warren K., & Stotland, Ezra, Department of Psychology, Washington State University, Pullman, WA 99163

The Attitude Toward Hospitalization Scale (ATHS) was developed to measure attitudes concerning the purpose and methods of mental hospitals and the nature of mental illness as perceived by patients, staff, and the community at large. The instrument was developed by collecting statements regarding the nature of the hospitalization experience from interviews with patients. These statements were classified into seven categories or scales and a forced choice instrument of 57 pairs of opposing attitudes was constructed. Item analysis demonstrated that pair members were not logical opposites and thus preferences of one item over another were difficult to elicit. The instrument was therefore converted to a Likert-type scale for which agreement or disagreement with each item was expressed in terms of a 6-point scale. Those 60 items demonstrating the greatest consistency in discriminating between the upper and lower halves of ATHS scores in a pretest administration of the ATHS were retained to comprise the scale. The six ATHS scales and sample items from each are: 1) Openness of communication between patients ("Patient should never be completely open and frank toward one another," "Patients should look the other way when another patient loses control"); 2) Openness of communication between staff and patients ("The patient should always respect his doctor," "The doctor should tell the patient if he likes him"); 3) Purpose of hospital activities-for patient or staff ("Patient's activities are in no way related to the patient's recovery," "The best kind of patient is one who doesn't cause trouble"); 4) Hospital as a refuge from society versus an active treatment center ("The hospital should be a place for patients to get a rest from the problems of living outside"); 5) Value judgements toward mental disturbances ("Patients are in the hospital to receive treatment and not punishment"); 6) Individuality versus conformity ("The patient's right to refuse free discussion of his problems should be respected"). An indication of the scale's validity is reflected in it's ability to differentiate in the expected direction between diverse groups of subjects (e.g., hospital staff, management, and patients of differing degrees of maladjustment). The instrument may be applied to investigate the discrepancy between attitudes or expectancies regarding hospital functioning expressed by staff and patients, and actual functioning, as well as the discrepancy between attitudes of patients, and attitudes of staff. One week test-retest reliability coefficients for total test scores range from .52 to .78. Further information and a copy of the scale may be obtained from the first author.

THE CHINSKY-RAPPAPORT ADAPTATION OF THE SEMANTIC DIFFERENTIAL
Attitude change in college students and chronic patients: A dual perspective. Journal of Consulting and Clinical Psychology, 1970, 35(3), 388-394.

Chinsky, Jack M., & Rappaport, Julian, Department of Liberal Arts, University of Connecticut, Storrs, CT 06268

The Chinsky-Rappaport Adaptation of the Semantic Differential (a title supplied by the abstractor) is designed to measure attitudes toward self, mental patients, and the mental institution. Attitudes towards the concepts of "myself," "mental patients," "mental hospital," "volunteer groups," "psychologists," "nurses," "average person," "mental illness," and "psychotherapy" are assessed. These nine concepts are rated along 14 semantic differential scales using a 7-point continuum for each scale. Some sample scales are: "Effective versus ineffective"; "Helpful versus harmful"; "Tense versus relaxed"; "Boring versus interesting." This instrument has been used mainly for assessing attitude change. It takes 10 minutes to administer and two to three minutes to score. For a more extensive discussion and analysis of the instrument, see Rappaport, J., Chinsky, J. M., & Cowen, E. L. Innovations in helping chronic patients: College students in a mental institution. New York: Academic Press, 1971. Other information and a copy of the instrument are available from the author.

THE CPH PATIENT ATTITUDE SCALE
Tucson University of Arizona, 1965.

Kahn, Marvin W., & Jones, N. F., Department of Psychology, University of Arizona, Tucson, AZ 85721

The CPH Attitude Scale is an instrument designed to measure attitudes of mental patients about the nature, cause, and treatment of mental illness, and attitudes about mental hospital activities and personnel. The scale consists of 45 statements concerning the above areas, with a 4-point answer scale ranging from "strongly agree" to "strongly disagree." A sample item is: "The staff should not expect you to be in so many activities all the time." The instrument is appropriate for administration (individually or in groups) to mental hospital patients or others who are acquainted with mental hospital patients or others who are acquainted with mental hospital experiences. The scale has been used in varying research studies; normative and reliability data are given in the source document. Five major factor scales have been isolated from the studies; normative and reliability data are given in the source document. The five major factor scales isolated from these studies are: "Authoritarian, control and nonpsychological orientation"; "Negative hospital orientation"; "External control, cause and treatment"; "Regressive dependency"; and "Letdown of control for therapeutic gain." A copy of the instrument can be obtained by writing to the first author.

EXPERIMENT I SCALE FOR MEASURING EXPECTATIONS OF HOSPITALIZATION

Lexington, KY, U. S. P. H. S. Hospital, 1968.

Meketon, Melvin J., Mental Health Training, IHS Training Center, P. O. Box 17510, Tucson, AZ 85710

The Experiment I Scale for Measuring Expectations of Hospitalization is an instrument designed to measure a patient's expectations of hospital experience at the time that he enters the hospital. The Experiment I Scale was originally developed as a research instrument for use in studying the effect of realistic or nonrealistic expectations on a patient's experience at the hospital and the length of time he remained at the hospital. The subjects were male drug addicts at the U. S. P. H. S. Hospital in Lexington, KY. The Experiment I Scale consists of 30 items that are relevant to situations a patient might experience while hospitalized. The instrument is presented in questionnaire form and is self-administering. The patient is asked to score each item by utilizing a 5-point range, with point "1" as "no expectation," and point "5" as a situation that would be "very much expected." A sample item is: "Peace and quiet when you are trying to read or sleep." The Experiment I Scale was developed through taking situations described by Goffman, E. Asylums: essays on the social situation of patients and other inmates. (2nd ed.) Chicago: Aldine Publishing Company, 1962; and situations described by addict patients, reported in Meketon, M. J. Exploring motivation within a total institution for drug addicts. Unpublished thesis, University of Kentucky, 1968; and Meketon, M. J. Measuring experiences, desires, and expectations in a total institution. Unpublished preliminary thesis, University of Kentucky, 1968. The same 30 items comprise a 44-item Experiencing and Desirability Scale, which, along with normative, reliability and validity data, is found in the same document. A Spanish language version of the scale is available. More information and a copy of the instrument may be obtained from the author.

EXPERIMENT II SCALE FOR MEASURING HOW A PATIENT PERCEIVED HIS HOSPITAL EXPERIENCES

Lexington, KY, U. S. P. H. S. Hospital, 1968.

Meketon, Melvin J., Department of Health, Education, and Welfare, Mental Health Training Center, IHS Training Center, P. O. Box 17510, Tucson, AZ 85810

The Experiment II Scale for Measuring how a Patient Perceived his Hospital Experience is an instrument designed to measure a patient's experiences during hospitalization versus the desirability of these experiences. The Experiment II Scale is a 44-item questionnaire representing various life situations relevant to the hospital setting. The items are first presented for the patient to score in terms of actual experiences; the items are then presented again, in the same order for the purposes of measuring the desirability of these experiences. The instrument is self-administering; the patient first scores each item by utilizing a 5-point range, with point "1" as "no experience," and point "5" as a situation experienced "very much or all the time." The patient then rates the same items, utilizing a 5-point scale, with point "1" as "undesirable," and point "5" as "very desirable." A sample item is: 2) "Changing where you lived in the institution more than once." The Experiment II Scale was developed through taking situations described by Goffman (Goffman, E. Asylums: essays on the social situation of patients and other inmates. (2nd ed.) Chicago: Aldine Publishing Co., 1962) and situations described by addict patients, reported in Meketon (Meketon, M. J. Exploring motivation within a total institution for drug addicts. Unpublished thesis, University of Kentucky, 1968). A Spanish language version of the scale is available. A copy of the instrument is available from the author.

FUTURE OUTLOOK INVENTORY

An analysis of the future outlook of hospitalized psychiatric patients. Journal of Clinical Psychology, 1970, 26(1), 99-103.

Gunn, Robert L., & Pearman, H. Edgar, Veterans Administration Hospital, Sepulveda, CA 91340

The Future Outlook Inventory (FOI) is an instrument designed to measure the future outlook of hospitalized psychiatric patients. The FOI is designed for use in psychiatric diagnosis, rehabilitation, and prediction of successful return to the community. The instrument is a self-administering checklist consisting of 57 items dealing with major aspects of the patient's life outside the hospital. When attached to the stem, "What are your chances of," each item forms a probability question. The respondent places a check mark on a 7-point scale for each item ranging from "extremely low" to "extremely high," based upon his attitudes about future events. A sample item is: "What are your chances of finding the kind of job you would like to have?" The FOI was developed through administration to a group of psychiatric inpatients followed by a content analysis and elimination of nondiscriminatory items. A factor analysis of the FOI using two samples of 150 psychiatric patients yielded nine factors containing only items with loadings over .40: "General future outlook"; "Possibility of relapse"; "Community understanding"; "Religious life"; "Morbid thoughts"; "Friendship"; "Affiliations"; and "Mature adjustment." To date, no major applications of the FOI have been reported. A copy of the instrument is available from the authors.

THE GOAL-ORIENTED PROGRESS NOTE
Treatment goal setting and attainment: Staff, patient, and community viewpoints. Research Report No. PN 7, NIMH Grant ROl-16858, September 1970.

Wilson, Nancy C., Adult Psychiatric Treatment Evaluation, Fort Logan Mental Health Center, 3520 West Oxford Avenue, Denver, CO 80236

The Goal Oriented Progress Note is an instrument designed to provide information on treatment goals and treatment methods as perceived by: a) Patients in mental programs; b) Staff members; c) Patients' significant others (e.g., parent or spouse). Goals are identified by these three sources separately or in combination and coded onto a standardized list of goals. Comparisons of these inputs by treatment staff help them "tailor make" a treatment plan appropriate to the needs of the patient and open to assessment of its success by any or all of the informants. The instrument uses 703 goals subdivided into six broad goal areas: 1) Medical; 2) Symptom alleviation; 3) Self-concept; 4) Patient initiated interactions; 5) Other-initiated interactions; 6) Disposition goals. In addition, 75 treatment methods are tapped which are subdivided into four main treatment categories: 1) Physical; 2) Behavioral; 3) Milieu; 4) Community. Sample treatment goals are: "Alleviate dependency on psychostimulants"; "Develop ability to recognize own feelings"; "Others trust patient"; etc. Treatment methods are chosen by staff only. Sample methods are: a) One-to-one support therapy; b) Reality testing; c) Occupational therapy; d) Negative verbal reinforcement. The user cycle involves three parts. Part I is gathering and coding designator and goal information on IBM optical scan sheets. Goals, their importance and methods for reaching them are coded by staff themselves. Goals and their importance are obtained from the other informants by trained interviewers who do the coding also. Part II is a computer collation of goals into 1) narrative goal statements and 2) response rating forms, for each informant. Each rating form contains individual goals printed over two scales: one is a 5-point scale of importance ranging from "very" to "least"; the other is a 6-point scale of attainment ranging from "much further from," "no change," to "sufficient attainment." Staff rate helpfulness of methods on a 5-point scale from "very" to "not at all." These measures provide an index of perceived therapeutic success. Part III of the procedure involves submitting respondents' ratings of these success indices to a computer program which produces a goal by goal summary of importance, movement, and helpfulness of methods. Combining these summaries with their corresponding narrative goal statements produces legally-acceptable progress notes and comparisons of them provide treatment directives as well as a method by which patient progress (as measured by perceived movement toward desired goals) may be assessed at various points in the treatment program. Further information regarding the validation and reliability of the rating procedure and copies of the instrument may be obtained from the author.

THE HOSPITAL ADJUSTMENT INVENTORY
Downey, IL, Veterans Administration Hospital, 1972.

Barrell, Robert P., De Wolfe, Alan S., & Cummings, Jonathan W., Psychology Research Laboratory, Veterans Administration Hospital, Downey, IL 60064

The Hospital Adjustment Inventory requires the physically ill patient to answer "yes" or "no" to questions about worries he might have during hospitalization. Sample items are: "Do you worry about having enough to do while on the ward?"; "Do you worry about being able to keep up payments on your home, furniture, or car?" Other items concern such matters as fear of catching diseases in the hospital, quality of medical treatment, worry about future sexual deprivation, and condition of his affairs while he is in the hospital. There are 23 items in the inventory. The measure was developed for use in a Veterans Administration cooperative research project. A copy of the instrument and additional information about it are available from the first author.

THE HOSPITAL SITUATION STUDY
Downey, IL, Veterans Administration, 1972.

Barrell, Robert P., De Wolfe, Alan S., & Cummings, Jonathan W., Psychology Research Laboratory, Veterans Administration Hospital, Downey, IL 60064

The Hospital Situation Study is an instrument adapted from the Rosenzweig Picture Frustration Test (Rosenzweig, S. The picture-association method and its application in a study of reactions to frustration. *Journal of Personality*, 1945, 14, 3-23) and was developed by Hooper and McCarthy (McCarthy, C. D. Development of the multiple-choice form of the Hospital Situation Study. *VA Newsletter for Cooperative Research in Psychology*, 1960, 2, 27-32). It consists of eight pictures depicting hospital situations to which subjects respond by checking their first, second and third choices which are provided. The first picture, for example, shows a medical person standing before the patient's bed saying: "The results of all the tests are back now, and it looks like you'll be in the hospital for a long time." The patient is supposed to rank the following possibilities for his response: "If I have to, I have to"; "Oh Hell!"; "How long is a long time?"; "Can you be more exact?" Other pictures have such stimuli as: "She has to have some fun even if you are in the hospital"; "I know you've been here a long time, but improvement is slow in cases like yours"; "Don't worry darling, the kids and I will get along somehow"; "The boss said he'd like to hold your job open for you, but after all, he has a business to run." A copy of the instrument and further information about it are available from the first author.

INITIAL INFORMATION SCHEDULE

Philadelphia, Philadelphia State Hospital.

Weinman, Bernard, Behavioral Science Clinical Research Center, Philadelphia State Hospital, 14000 Roosevelt Boulevard, Philadelphia, PA 19114

The Initial Information Schedule is designed to obtain information about patients and staff in the areas of attitudes and beliefs, self-esteem, and daily activities. The attitudes and beliefs concerned include: a) Beliefs about the nature of mental illness; b) Perceived community receptivity to the mentally ill patients; c) Expectations about staff-patient relationships. This section consists of 48 statements, to which the patient responds on a 4-point scale ranging from "strongly agree" to "strongly disagree." The measurement of self-esteem is based upon the mean discrepancy between descriptions of actual and ideal behavior in a number of interpersonal situations, and their correlation with patient's estimates of their achievement and their probability of success in several community situations. The rationale behind the ideal-actual behavior discrepancy measure was that the more satisfied a patient is with his behavior, the higher self-esteem he could be expected to have. A high estimate of one's own achievement and the choice of goals high enough to involve about a 50 percent probability of success are both indicative of high self-esteem as well. The patients' desired independence in such daily activities as shopping and visiting relatives is also used as an indication of self-esteem. This instrument is the first of three instruments administered to patients over a period of time to assess changes in their scores as a result of their therapy treatment. The other two instruments, by the same author, are the Process Schedule (+2) and the Process Schedule (+3). The patients' initial and final self-esteem levels, attitudes and beliefs are taken to be significant variables influencing the success of their rehabilitation. More information, data analysis material, and a copy of the instrument are available from the author.

MID-HUDSON PATIENT PRE-TRANSFER SCHEDULE

Albany, State of New York Department of Mental Hygiene, 1971.

Steadman, Henry J., Mental Health Research Unit, New York State Department of Mental Hygiene, 44 Holland Avenue, Albany, NY 12208

The Mid-Hudson Patient Pre-Transfer Schedule is an instrument consisting of 53 items designed to measure patients' perceptions of a new maximum security civil mental hospital with minimal programs but numerous projected changes, the patients' self-predictions of their subsequent patient careers, the level of perceived stigma, and their expectations of court experiences and their subsequent outcomes in the community. The instrument is administered to all patients who are being transferred from a maximum security hospital for non-dangerous, incapacitated, male felony defendants to a less secure civil hospital or the community. The instrument is administered by a male or female member of a research team on the ward in the hospital. The schedule requires 30 to 45 minutes to complete. The Mid-Hudson Patient Pre-Transfer Schedule was developed from a preliminary, unstructured discussion with patients who were admitted during the first three weeks to the maximum security hospital, and from 75 interviews using an 8-item open-ended schedule. The data collected by the author for this instrument are currently being analyzed. Sample items include: "What do you think of the place?"; "Do you see yourself as dangerous?"; "Will the guys on the street stay away from you because you were in Mid-Hudson?" A copy of the instrument and additional information are available from the author.

THE PATIENT PHILOSOPHY OF TREATMENT FORM

Downey, IL, Veterans Administration Hospital, 1972.

Barrell, Robert P., De Wolfe, Alan S., & Cummings, Jonathon W., Psychology Research Laboratory, Veterans Administration Hospital, Downey, IL 60064

The Patient Philosophy of Treatment Form (PPOT) is an instrument designed to measure patients' attitudes toward hospital treatment procedures. The PPOT is a modification of the attitude measure designed for staff (Barrell, R. P., De Wolfe, A. S., & Cummings, J. W. A measure of staff attitudes toward care of physically ill patients. Journal of Consulting Psychology, 1965, 29, 218-222), in which the wording of 46 of the 144 items was changed slightly to conform more to the experience of patients. The patient completes the paper and pencil form by indicating on a 4-point scale, from "agree strongly" to "disagree strongly," to what extent he agrees or disagrees with each statement. A sample statement is: "Hospital rules are made to be enforced." Approximate completion time is 30 minutes. A copy of the instrument and more information about it are available from the first author.

THE PATIENT'S OPINION FORM
Downey, IL, Veterans Administration Hospital, 1972.

Barrell, Robert P., DeWolfe, Alan S., & Cummings, Jonathan W., Psychology Research Laboratory, Veterans Administration Hospital, Downey, IL 60064

The Patient's Opinion Form (POF) is a questionnaire designed to obtain information from the physically ill patient concerning his attitude toward hospital treatment procedures. The POF is an adaptation of the Firland Questionnaire (Vavra, C. E., & Rainboth, E. O. A study of patients' attitudes toward care at Firland Sanitorium. Unpublished manuscript. Seattle, Washington, Department of Public Health, School of Medicine, University of Washington, 1955). The questionnaire contains 56 items; the subject puts a check by the alternative that best represents his feelings on the topic. A sample item is: "How good do you think the food is here? Excellent, very good, good, fair, poor." Other questions concern such things as biographical information, evaluation of care he is receiving, evaluation of physical conditions in the hospital, attitude toward the nursing care, and reactions to the hospital environment. A copy of the questionnaire and further information about it are available from the first author.

PATIENT'S VIEW OF HIS GROUP
Philadelphia, Philadelphia State Hospital, 1970.

Weinman, Bernard, Behavioral Science Clinical Research Center, Philadelphia State Hospital, 14000 Roosevelt Boulevard, Philadelphia, PA 19114

The Patient's View of His Group is one of four questionnaires filled out by both patients and staff which are designed to evaluate the quality of interpersonal relations among the patients and between the patients and staff participating in a rehabilitative therapy program. The most important variables involved are the degree of cooperation, support, disagreement, and interpersonal attraction among the patients and between the patients and staff in the treatment groups. The instrument consists of 10 items concerned with the patient's interpersonal relations with the staff and other patients the degree of rehabilitation he has reached and his view of the therapy group. Some sample items are: "How helpful would you say you have been in helping A (a fellow patient) to live outside the hospital? a) extremely helpful, b) somewhat helpful, c) slightly helpful, d) not helpful at all"; "How would you say you feel about A? a) like him very much, b) like him somewhat, c) feel neutral or indifferant to him, d) dislike him somewhat, e) dislike him very much"; "How do you feel about being out of the hospital? a) felt better off in the hospital, b) felt better off in the community, c) not sure one way or the other"; "Of the patients and staff in your group therapy sessions, name the three persons you like the most. If you can't name three, name as many as you want to." The instrument is administered in conjunction with the other three instruments mentioned above at the end of the first, fourth, and eighth months of an 8-month group-therapy treatment program. More information and a copy of the instrument is available from the author.

PROCESS SCHEDULE (t_2)
Philadelphia, Philadelphia State Hospital, 1970.

Weinman, Bernard, Behavioral Science Clinical Research Center, Philadelphia State Hospital, 14000 Roosevelt Boulevard, Philadelphia, PA 19114

The Process Schedule (t_2) is designed to obtain information about patients and staff in the areas of attitudes and beliefs, self-esteem, and daily activities. The attitudes and beliefs concerned include: a) Beliefs about the nature of mental illness; b) Perceived community receptivity to the mentally ill; c) Perception of staff roles; d) Expectations about the behavior of mentally ill patients; e) Expectations about staff-patient relationships. This section consists of 48 statements, to which the patient responds on a 4-point scale ranging from "strongly agree" to "strongly disagree." The measurement of self-esteem is based upon the mean discrepancy between descriptions of actual and ideal behavior in number of interpersonal situations, and their achievement and their probability of success in several community situations. The rationale behind the ideal-actual behavior discrepancy measure was that the more satisfied a patient is with his behavior, the higher self-esteem he could be expected to have. A high estimate of one's own achievement and the choice of goals high enough to involve about a 50 percent probability of success, are both indicative of high self-esteem as well. The patients' desired independence in such daily activities as shopping and visiting relatives is also used as an indication of self-esteem. This instrument is the first of three instruments administered to patients over a period of time to assess changes in their scores as a result of their therapy treatment. The other two instruments, by the same author, are the Process Schedule(t_3) and the Initial Information Schedule. The patients' initial and final self-esteem levels, attitudes and beliefs are taken to be significant variables influencing the success of their rehabilitation. More information, data analysis material, and a copy of the instrument are available from the author.

PROCESS SCHEDULE (t_3)
Philadelphia, Philadelphia State Hospital, 1970.

Weinman, Bernard, Behavioral Science Clinical Research Center, Philadelphia State Hospital, 14000 Roosevelt Boulevard, Philadelphia, PA 19114

The Process Schedule (t_3) is designed to obtain information about patients and staff in the areas of attitudes and beliefs, self-esteem, and daily activities. The attitudes and beliefs include: a) Beliefs about the nature of mental illness, b) Perceived community receptivity to the mentally ill, c) Perception of staff roles, d) Expectations about the behavior of mentally ill patients, e) Expectations about staff-patient relationships. This section consists of 48 statements, to which the patient responds on a 4-point scale ranging from "strongly agree" to "strongly disagree." The measurement of self-esteem is based upon the mean discrepancy between descriptions of actual and ideal behavior in a number of interpersonal situations, and their correlation with patients' estimates of their achievement and their probability of success in several community situations. The rationale behind the ideal-actual behavior discrepancy measure was that the more satisfied a patient is with his behavior, the higher self-esteem he could be expected to have. A high estimate on one's own achievement and the choice of goals high enough to involve about a 50 percent probability of success are both indicative of self-esteem. This instrument is the first of three slightly different instruments administered to patients over a period of time to assess changes in their scores as a result of their therapy treatment. The other two instruments, by the same author, are the Initial Information Schedule and the Process Schedule (t_2). The patients' initial and final self-esteem levels, attitudes, and beliefs are taken to be significant variables influencing the success of their rehabilitation. More information, data analysis material, and a copy of the instrument are available from the author.

PSYCHIATRIC HOSPITAL QUESTIONNAIRE
Essex, Claybury Hospital, 1969.

Caine, T. M., Claybury Hospital, Woodford Bridge, Woodford Green, Essex, England

The Psychiatric Hospital Questionnaire, a title supplied by the abstractor, measures attitudes of patients toward their treatment in psychiatric hospitals using 75 statements. Through factor analysis of the intercorrelations among these items, three major scales were developed and labeled as Components I, II, and III. What the author considers to be the most important variables seems to be contained in Component I, measuring a patient's dependency on the medical and nursing staff. The other two components seem to be concerned with the amount of familiarity and interpersonal interaction between the patients and staff and patients' attitudes towards various approaches to therapy. All three components are concerned with patient attitudes towards traditional versus more radical approaches to therapy. The statements in the questionnaire were developed from a series of nondirective interviews with staff and patients in a therapeutic community. All items are scored on a 5-point scale, with high scores indicating a conventional, traditional approach. Normative data were obtained using staff and patients from four different hospitals. Some validity and reliability evidence has been obtained for the instrument. The major applications of the instrument to date have been in comparing different hospital atmospheres and in relating attitudes on patient care to underlying personality factors. More information may be found in Caine, T. M., & Smail, D. J. The treatment of mental illness: Science, faith, and the therapeutic personality. London: University of London Press, 1969. A copy of the instrument may be obtained from the author.

PSYCHOTHERAPY QUESTIONNAIRE, PATIENT'S FORM
Chapel Hill, NC, University of North Carolina, 1971.

Strupp, Hans H., Department of Psychology, 134 Wesley Hall, Vanderbilt University, Nashville, TN 37203

The Psychotherapy Questionnaire, Patient Form (PQP) is an instrument designed to measure a former patient's perception and attitude towards his therapeutic experiences, relationship with the therapist, degree of severity of his former ailment, and the changes experienced after therapy. Most of the items in this instrument use a rating scale. Some items require the respondent to give an essay type answer. The PQP contains 89 items and is divided up into sections. In Section I the former patient gives demographical information such as age and sex. The second section elicits information concerning the patient's attendance in therapy and the number of different therapists he (she) has been involved with. This section also deals with the patient's satisfaction with the results obtained in therapy. Section III involves the patient's attitude towards the therapist. This section contains the bulk of the questions (41 items). Each item is rated on a 5-point scale, ranging from "+2" (strongly agree) to "-2" (strongly disagree). Section IV deals with the patient's decision to begin therapy, his decision to end it, and the changes he experienced in his relationships with others afterwards. Sample items include: "I often felt I was just another patient"; "I feel the therapist was genuinely interested in helping me"; "How much do you feel you have changed as a result of psychotherapy?" The patient self-reports obtained from the PQP are compared with those obtained from the therapist who records his ratings on the Psychotherapy Questionnaire-Therapist Form (PQT) developed by the same author. Additional information and a copy of both instruments are available from the author.

SEMANTIC DIFFERENTIAL FOR PSYCHIATRIC PREOCCUPATIONS

Description of patients' ratings of their symptoms on the semantic differential. *Canadian Journal of Behavioral Science*, 1970, 1(2), 82-89.

Arthur, Artur Z., Psychology Department, Queens University, Kingston, Ontario, Canada

The Semantic Differential for Psychiatric Preoccupations is an instrument designed to measure dimensions of meaning in psychiatric patients for common standard concepts and their own personal critical concepts representing preoccupations of symptomatic significance. The instrument is intended primarily for research dealing with the psychiatric preoccupations of mental patients and with contrasts between patients' critical concepts and standard concepts. A 16-scale semantic differential is used, the scales having been selected as follows, two scales each from the usual "evaluation," "potency," and "activity dimensions": two each from the dimensions of "successfulness," "kindness," and "predictability"; three scales relevant to psychiatric preoccupations ("personal-public," "healthy-sick," "clear-confused"); and one scale for an unnamed dimension. The scales are presented in a fixed randomly chosen order, and the polar positions of scales are randomized. Subjects complete these scales using seven standard concepts and two personal preoccupation concepts selected on the basis of their psychiatric significance to the individual patient. The instrument is self-administering; no completion time is specified. The factorial structure of meaning has been investigated for these dimensions using the centroid method of factor extraction with quartimax rotation. The results of this analysis for 51 psychiatric patients are reported in the source document. Present research indicates that the responses of psychiatric patients on this instrument are very similar to those of normals and that the meaning of the two preoccupation concepts is different from the meaning of the standard concept. It is suggested that the Semantic Differential Psychiatric Preoccupations can be employed in the study of subjective experience in the mentally ill. See also: Arthur, A. Z. Clinical use of the semantic differential. *Journal of Clinical Psychology*, 1965, 21 337-338. A copy of the instrument is available from the author.

SURVEY OF OPINIONS AND EXPERIENCES

The dimensional structure of opinion about work and the social context. *Journal of Counseling Psychology*, 1965, 12(3), 316-321.

Struening, Elmer, & Efron, Herman Y., Epidemiologic Research Unit II, Columbia University School of Public Health and Administrative Medicine, 600 West One hundred and sixty-eighth Street, New York NY 10032

The Survey of Opinions and Experiences (SOE) is a questionnaire designed to measure the attitudes of the discharged male mental patient about himself, the value and importance of work, his relationship with his employers and co-workers and his perception of society. The SOE contains 73 Likert-type items with a 6-point agree-disagree continuum and 30 true-false items. A back sheet provides information on the respondent's current work status, educational level and age. Factor analysis of these items gave seven factors: a) Alienation from rejecting environment; b) Stressful existence; c) Authoritarian work ideology; d) Devaluation of work; e) Vocational futility; f) Interpersonal inadequacy; and g) Anticipation of rejection. Sample items include: "The best way to get along in the world is to work hard and try to forget your problems"; "It is hard to respect yourself if you can't do a good day's work." Reliability coefficients for the factors are "alienation from rejecting environment" (.93), "stressful existence" (.92), "authoritarian work ideology" (.79), "devaluation of work" (.65), "anticipation of rejection" (.74). No reliability coefficients were given for the factors vocational futility and interpersonal inadequacy. Additional information and a copy of the instrument are available from the first author.

MENTAL HEALTH ATTITUDES OF PUBLIC

ATTITUDES ABOUT HOSPITAL PLACEMENT RATING SCALE
Pomona, CA, Pacific State Hospital, 1963.

Sabagh, Georges, Dingman, H. F., & Windle, C. D., Department of Sociology, University of Southern California, Los Angeles, CA 90007

The Attitudes About Hospital Placement Rating Scale was designed to explore different people's attitudes toward mental hospitals and toward institutional care in general. To explore the reliability of hospital image scales in general, this scale was administered to various groups of people to investigate the differences in attitudes toward the hospital and how these differences could be explained by special group interests. The three groups tested in this study were mothers waiting to get their retarded children institutionalized, women licensed by the state to give home care to selected retarded patients, and a group of new hospital employees taking a routine orientation course. All these groups were seen as having some reason for bias in their responses. All respondents were required to sign their names to their completed rating scale. This study is reported in Sabagh, G., Dingman, H. F., & Windle, C. D. Variations in the image of a mental hospital and situational bias. Mental Hygiene, 1963, 4, 96-102. The rating scale consists of two parts. The first part contains a list of 17 possible reasons for parents to institutionalize their mentally retarded child. The respondent then rates each reason on its validity from "1" to "4," ranging from the decision that the child "definitely should be placed" to "definitely should not be placed" in an institution. Some sample conditions are: "If parents want to lead a normal social and home life"; "If child will have to be cared for all his life"; "If child is over active and destructive"; "If schooling is not available in the community." The second part of the rating scale is concerned with the attitudes toward the care the child receives in mental institutions. Fifteen statements of possible advantages and disadvantages are listed for the respondent to rate on a 4-point scale ranging from "strongly agree" to "strongly disagree" according to how well he feels each statement applies to institutional care. Some sample items are (all referring to institutionalized retarded children): "They more often learn to help take care of themselves than do children kept at home"; "They enjoy life more because they don't have to compete with brighter children"; "They will benefit from the routine living conditions of the institution"; "They miss a mother's love"; "They cannot learn social graces because of mass learning." Statistically significant differences among the three groups' answers were found. A copy of the instrument is available from the author.

ATTITUDE-BEHAVIOR SCALE: MENTAL ILLNESS
East Lansing, Michigan State University, 1972.

Jordan, John E., College of Education, Michigan State University, East Lansing, MI 48823

The Attitude-Behavior Scale: Mental Illness is an instrument designed to measure an individual's attitudes and beliefs about mental illness. The instrument is based on the Guttman facet theory and is designed primarily to show the utility of the facet theory approach to attitude scale construction. Some of the findings from the scale are: "Older persons express more negative attitudes toward illness"; "Amount of education was related to positive attitudes on the more personal and action levels"; "Alcoholics, as compared to normals, schizophrenics and geriatrics became more intense or certain in their attitudes under conditions of increased contact with mental illness." Greater knowledge was predictive of positive attitudes with normals and schizophrenics but not with alcoholics or geriatrics. See Jordan, J. E. Attitude-behavior research on physical-mental-social disability and racial-ethnic difference. Psychological Aspects of Disability, 1971, 18(1), 5-26. More information and a copy of the instrument are available from the author.

ENCOUNTER ATTITUDE SCALE
Winston-Salem, NC, Wake Forest University, 1970.

Stout, Anna L., no address

The Encounter Attitude Scale is an instrument designed to measure attitude toward encounter and sensitivity training groups. The instrument was constructed using a normalization sample of university undergraduates. The scale consists of 44 statements which present both "pro" and "con" positions toward encounter and sensitivity groups. Subjects are instructed through "Plausibility Instructions" to imagine themselves as judges of a debate of an encounter group and, as impartial judges, to rate each argument in terms of its' effectiveness. The arguments are rated on a 6-point scale ranging from "very ineffective" (-3) to "very effective" (+3). A sample item is: (Against) "The lack of clearly defined responsibility in an encounter group may result in failure to respond to members who are undergoing stress or emotional upheaval." The Encounter Attitude Scale was developed through factor analytic research in the course of three pilot studies. The instrument is self-administered. Data on the scale's validity, correlation with other instruments (e.g., F scale) and factor analysis are available in Stout, A. L. The development of the encounter attitude scale. Master's thesis, Wake Forest University, 1970. While a probable acquiescence bias is acknowledged to exist in the instrument, no response set controls are introduced. Factor analysis suggests however that more is being measured than merely the acquiescence response. A copy of the instrument is available from J. J. Woodmansee, Department of Psychology, Wake Forest University, Winston-Salem, NC 27109.

ETHNO-RELIGIOUS PERCEPTIONS OF ILLNESS REACTION SCALE

Ethno-religious variation in perceptions of illness. Social Science and Medicine, 1971, 5, 117-125.

Guttmacher, Sally, & Elinson, Jack, 630 West One-hundred & Sixty-Eighth Street, New York, NY 10032

The Ethno-Religious Perceptions of Illness Reaction Scale, a title supplied by the abstractor, was designed to test the hypothesis that individuals of the same "ethnicity" will be more alike in the way in which they perceive behavior than will be individuals belonging to different ethno-religious groups, even when certain sociodemographic characteristics, such as age, education, or occupation are held constant. For this study, 2,000 respondents in New York were grouped into eight ethno-religious categories, Puerto Rican, Irish, Italian, Negro, other Catholics, other Protestants, U. S. born Jews, and foreign born Jews. The scale consists of 13 vignettes devised to cover a range of socially undesirable or unusual conduct. Respondents were asked if each was a serious sign of illness or not. The 13 vignettes can be separated into two categories, those which present behavior symptomatic of psychological disorder and those which describe behavior related to sociocultural factors. Sample items are: 1) "A man who is known as a good husband begins to curse his wife one night. He hits her and threatens to kill her. He says she is working against him like everyone else"; 2) "A retired man moves in with his daughter and her family. They had always known him as a good father and grandfather. Now they all find that he butts into everything and is generally cranky and hard to live with"; 3) "A mother is told that her 4-year-old son needs a blood transfusion to save his life. She tells the doctor that it is against her religious belief to transfer blood. She does not allow the transfusion"; 4) "A married man, father of two handsome children, who enjoys his work and his family, likes to wear clothes made for women. When he comes home at night, and on weekends, he wears his wife's clothing around the house." A Guttman scale was used to rank the individuals according to their pattern of responses to the vignettes. The Puero Ricans showed a relatively high proportion of individuals who did not attribute illness to the behaviors. U. S. born Jews were more likely to attribute illness to the vignettes than the other groups. Further information and a copy of the scale are available in the source document.

LIKABLENESS RATING SCALE

Likableness ratings of 555 personality-trait words. Journal of Personality and Social Psychology, 1968, 9(3), 272-279.

Anderson, Norman H., Psychology Department, University of California, San Diego, CA 92037

The Likableness Rating Scale (LRS) is an instrument designed to measure the likableness of personality-trait words. The instrument is intended for male and female college and university students and is designed primarily for use in research on interpersonal attraction. The LRS contains 555 personality-trait words in a rank order list determined from ratings made by a normative group of 100 male and female subjects on a 7-point scale. A sample word is "dignified." The LRS was developed by selecting 3,500 words judged to be most useful from 18,000 trait-names compiled by Allport, G. W., & Odbert, H. S. (Trait-names: A psycho-lexical study. Psychological Monographs, 1936, 47(1 Whole No. 211). The list was further reduced by eliminating words connoting or denoting extremes, temporary states, physical characteristics, sex linkage, and meanings unsuitable for the impression-formation task. Finally, by having subjects rate each word for meaningfulness, words were eliminated that would be relatively unfamiliar to college students. The LRS is in rating scale form and is self-administering. Reliability and validity data are reported in the source document. See also: Rosnow, R. L., Wainer, H., & Arms, R. I. Anderson's personality-trait words rated by men and women as a function of stimulus sex. Psychological Reports, 1969, 24, 787-790. A copy of the instrument is available from the author.

THE PUBLIC'S IDEA ABOUT MENTAL ILLNESS

Chicago, National Opinion Research Center, 1955.

Star, Shirley, Department of Sociology, University of California, Berkeley, CA 94720

The author has developed an interview schedule to assess the public's knowledge and opinions about mental health. The basic inventory comprises brief case descriptions of six fictitious persons, each illustrating a particular type of psychiatric disorder--paranoid schizophrenia, simple schizophrenia, anxiety neurosis, alcoholism, compulsive-phobic behavior, and juvenile character disorder. Subjects are asked their reactions to these descriptions (e.g., whether or not the subject feels there is something wrong with the person described, whether or not he thinks that the person described is mentally ill, whether or not he thinks the problem is serious, whether or not he would advocate help for the person described). The kind of questions asked the subject and the interpretation and scoring of the responses depends on who is using the inventory and for what purposes. An adaptation of this interview schedule has been used to study social status and attitudes and the orientations of leaders in an urban area toward problems of mental illness (Dohrenwend, B. P., Bernard, V. W., & Kolb, L. C. The orientations of leaders in an urban area toward problems of mental illness. American Journal of Psychiatry, 1962, 118, 683-691). A copy of the instrument is available from the author. See also Dohrenwend, B. P., & Chin-Shong. Social status and attitudes toward psychological disorder: The problem of tolerance of deviance. American Sociological Review, 1967, 32, 417-433.

SIGNIFICANT OTHER FORM

New York, New York Hospital, Cornell Medical Center, 1970.

Kiev, Ari, & Slavin, Jane R., Cornell Program in Social Psychiatry, New York Hospital, Cornell Medical Center, 525 East 68th Street, New York, NY 10021

The Significant Other Form is administered to people in close contact with mental patients, such as spouse, parent, sibling, or friend. It is administered in conjunction with the Life Crisis Inventory, an instrument by the same authors administered to patients themselves. Its purpose is to gather information relevant to the patient's clinical treatment. The information is obtained through a semistructured, nondirective interview. The areas of investigation are: the "other's" attitude towards the patient and the nature of their relationship; "other's" evaluation of the patient; the "other's" reactions to the patient's suicide attempt; and the "other's" view of the patient's acceptance of the sick role. A sample item is: "Isolation, 1) none; 2) has close family ties, little contact with others on the job or through social activities; 3) frequently in contact with others on the job or through social activities; 4) frequently in contact with others on the job; no close relationships; 5) minimal contact with others, schizoid pattern of functioning, spends most of time alone in intellectual or manual pursuits; 6) has contact with others as at work or with a social agency, lost all significant relatives, informant's relationship is on a "good samaritan" basis; 7) almost no outside contacts except in form of newspaper dealer, store keeper, etc., is considered a recluse." The instrument contains nine items. More information and a copy of the instrument are available from the second author.

SMOKING ATTITUDE SCALE

Smoking attitude, behavior, and beliefs of college males. *Journal of Social Psychology*, 1966, 68, 65-78.

Baer, Daniel J., Department of Psychology, McGuinn, Boston College, Chestnut Hill, MA 02167

The Smoking Attitude Scale (SAS) is a Thurstone-type attitude scale consisting of two sets of 22 statements. It was derived from 110 edited statements which were rated on an 11-point scale by 36 male college students. From the ratings, two 22-item parallel forms were developed with median scale weights assigned. Lower scale weights represent more favorable smoking attitudes. Some sample items with their scale weights in parentheses are: "Smoking soothes one's nerves (3.4)"; "One who smokes is insecure (8.4)"; "Smoking is a filthy habit (10.4)"; "People who smoke show lack of self-control (8.9)"; "Smoking is a pleasant diversion (3.3)"; "Smoking is a harmless habit (5.9)." SAS scores are based upon the sum of the weighted values of the statements to which the respondent expresses agreement. The two scales, norms, and correlations of the scales with other variables are available in the source document.

THE SMOKING BEHAVIOR AND BELIEF QUESTIONNAIRE

Smoking attitude, behavior, and beliefs of college males. *The Journal of Social Psychology*, 1966, 68, 65-78.

Baer, Daniel J., Department of Psychology, McGuinn Hall, Boston College, Chestnut Hill, MA 02167

The Smoking Behavior and Belief Questionnaire (SBBQ) was developed to assess the biographic characteristics, smoking habits, and smoking beliefs of present, former, and nonsmokers. The SBBQ consists of three separate forms designed for respondents in each of these three groups. The questionnaire taps such areas as parental smoking habits, age at which smoking was begun, subjective and physical effects associated with smoking, perceived relationship between smoking and ill health, etc. The present, former, and nonsmoker forms of the SBBQ consists respectively of 32, 30 and 11 items. The test is self-administering, hand scored, and requires 10 to 15 minutes to complete. Sample items are: "Are you ever tempted to smoke?"; "Did you get any pleasure from smoking?"; "Do you feel you could stop smoking if you wanted to?" Respondents must rate each statement by checking "yes" or "no." The SBBQ is administered in conjunction with the Smoking Attitude Scale (SAS) which determines if respondents have positive or negative feelings regarding smoking. By comparing responses to the SBBQ and the SAS, various smoking behaviors and smoking beliefs may be related to positive or negative attitudes toward smoking (e.g., heavy smokers who believe smoking is not a health hazard are likely to have a positive attitude toward smoking). The SBBQ and the SAS were administered to a sample of 405 male present, former, and nonsmokers. It was found that heavy, moderate, and light smokers did not differ in their smoking beliefs and behavior; heavy smokers showed a greater dissatisfaction with smoking but less belief that they would or could stop. Fewer present smokers endorsed the relationship between smoking and lung cancer. An experimental application of the SBBQ may be found in Baer, Daniel J. Sex differences in smoking attitude, behavior, and beliefs of college students. *Journal of Psychology*, 1966, 64, 249-255. Further information and a copy of the SBBQ may be obtained from the author.

SOCIOLOGICAL QUESTIONNAIRE

Winter Haven, FL, Polk Junior College, 1969.

Durant, James E., 999 Avenue H., N. E., Winter Haven, FL 33880

The Sociological Questionnaire is a 12-item attitude survey designed for use in a study of the personality structure of migrant workers. Four verbally stated response alternatives are given to each item. These items concern responsibility for family decisions, educational expectations for children, preferred place of residence, friendship patterns, relations with employers, trust in others, attitude toward the law, unions, migrant workers, family disagreements, and church membership. The instrument is self-administered. A Spanish language version is available. Responses to these items by 226 migrant workers and 252 junior college students are compared in an unpublished report written by J. M. Rigterink. A copy of the instrument and this report may be obtained from the author.

TASK-SETTING SCHEDULE XI

Bozeman, MN, Montana State College, 1972.

Kraenzel, Carl F., Sociology Department, University of Texas at El Paso, El Paso, TX 79968

The Task Setting-Schedule XI, consisting of two parts, was designed to assess the patient's and family's expectations concerning the patient's behavior after returning from hospitalization. Part I contains 26 items, three of which are to be answered by the patient and 23 of which are to be answered by the "correspondent" or member of the family. Questions list various activities such as working full- or part-time, visiting friends and relatives, helping with family finances and shopping, and going to parties and social activities. Patients and correspondents are asked to indicate 1) whether the patient currently engages in such activities, 2) which activities the patient/family expected of the patient immediately after discharge, and 3) which activities the patient/family expected of the patient one year after discharge. Other items concern the family's attitudes towards hospitalization and concern with financial responsibility. Part II consists of 21 items to be answered by the correspondent concerning the patient's health history, childhood ideas about the home, the correspondent's concern about old age, concerns about child-rearing, and marital problems. The scale was included in a longitudinal study of all patients discharged from the state hospital from 18 of the most sparsely populated counties in Montana. Results of the study are published in Montana State University Station Bulletins Nos. 634, 646, and 647. These bulletins are available from the Experiment Station, Montana State University, Bozeman, MT 59715. A copy of the Task Setting-Schedule XI is available from the author.

MENTAL HEALTH ATTITUDES OF STAFF

THE AFFECTIVE DIFFERENTIAL

The affective differential: Emotion profiles implied by diagnostic concepts. Psychological Reports, 1967, 20, 19-25.

Plutchik, Robert, Bronx State Hospital, 1500 Waters Place, Bronx, NY 10461

The Affective Differential was designed to assess the connotative significance of diagnostic concepts in terms of the affect state implied by them. In the development of this instrument, 12 clinicians were presented with a list of 16 diagnostic terms such as manic, paranoid, neurotic, etc., and were asked to indicate which of 22 emotion terms were implied in patients by each term. The 22 terms were selected so as to sample the eight primary dimensions of emotion (Plutchik, R. The multifactor-analytic theory of emotion. Journal of Psychology, 1960, 50, 153-171) at several intensity levels. For example, the dimension of destruction is sampled by the terms "annoyed," "angry," and "rageful." The ratings for each primary emotion dimension were summed and converted to a percent of the possible total score. This provided eight scores ~~and~~ represented the relative strengths of the primary emotions implied by each of the diagnostic labels. Interjudge reliability product-moment coefficients varied from .52 for the term "hysteric" to .89 for "manic." A factor analysis of the responses using a configurational approach, emotion profiles, and a list of the 22 emotion terms are available in the source document.

ALTERNATIVES TO MENTAL PATIENT REHOSPITALIZATION

Scientific Analysis Corporation, 4339 California Street, San Francisco, CA 94118

Miller, Dorothy, Scientific Analysis Corporation, 4339 California Street, San Francisco, CA 94118

Alternatives to Mental Patient Rehospitalization Questionnaire is an instrument designed for the purpose of assessing the factors which result in or contribute to patient's readmission to mental hospitals after their release. The instrument consists of a structured interview outline aimed at determining the perceived reasons for a patient being returned to the hospital from the point of view of the patient, his "significant others," and finally the social worker assigned to his case. Forms I, II, and III tap respectively the attitudes of the above three persons. Form I consists of 15 yes-no and open-answer questions tapping the patient's attitudes regarding his readiness for release, his satisfaction with his life outside the hospital, his desire to be returned to the hospital. Form II covers the same topics as Form I, except that the questions were rephrased to be appropriate for significant others. Form III of the questionnaire is to be completed by the social worker or case worker in charge of the patient. Questions in Form III investigate the social worker's professional opinions as to the reasons surrounding the patient's return. Sample items from Form I (patient's form) are: "Did you know you were going to be taken back to the hospital?"; "Do you consider yourself able to work?"; "Did it seem to you that people expected too much of you?" Sample items from Form III (social worker's form) are: "Did you participate in the plans to return the patient to the hospital?"; "What changes would seem to be indicated that might help the patient remain in the community after his next release?" Copies of the instrument may be obtained from the Department of Mental Hygiene, Bureau of Research, Sacramento, CA. Copies of the instrument are taken from Worlds that fail: Part II: Disbanded worlds: A study of returns to the mental hospital. The Index of California Mental Health Research Monograph #7.

BAKER-SCHULBERG COMMUNITY MENTAL HEALTH IDEOLOGY SCALE

The development of a community mental health idelogy scale. Community Mental Health Journal, 1967, 3(3), 216-225.

Baker, Frank, & Schulberg, H. C., Laboratory of Community Psychiatry, Harvard Medical School, 58 Fernwood Road, Boston, MA 02115

The Baker-Schulberg Community Mental Health Ideology Scale was designed to measure degrees of community mental health orientation. The instrument is intended for use with mental health professionals and is designed primarily for research purposes (e.g., in evaluating effectiveness of specialized training programs in community mental health in modifying the participant's theoretical persuasion). The CMHI Scale comprises 38 declarative items (6-point response range from "strongly agree" to "strongly disagree") designed to cover five conceptual categories: "Population focus"; "Primary prevention"; "Social treatment goals"; "Comprehensive continuity of care"; and "Total community involvement." A sample item is: "The locus of mental illness must be viewed as extending beyond the individual, and into the family, the community, and the society." The instrument is self-administered and requires only the test booklet. Reliability and validity data are available in the source document. The CMHI Scale was developed from an initial pool of 88 items which were written to be representative of the beliefs common to the exponents of community mental health. The 38 items finally chosen were selected on the basis of content validity, item-total score correlations, and the results of a principal-components analysis. To avoid response bias, the initial pool of statements was worded in both positively and negatively oriented directions. To date, the major applications of the instrument have been in assessing mental health personnel and determining other correlates of a community mental health ideology (such as the inversely related variables of dogmatism and political-economic conservatism). The scale is available through Behavioral Publications, Inc., c/o Community Mental Health Journal, 605 West 115th Street, Room 301, New York, NY 10025.

CLINICAL AND SOCIAL ORIENTATIONS TO SOCIAL WORK QUESTIONNAIRE

Clinical and social orientations in social work: An empirical study. The Social Service Review, 1970; 44(1), 34-43.

Taber, Merlin, University of Illinois, 1207 West Oregon, Urbana, IL 61801

The Clinical and Social Orientation to Social Work Questionnaire (CSOQ) is an instrument designed to measure the attitudes of professional social workers towards social work, that is, it measures whether the person believes in the clinical approach, i.e., in the efficacy of individual treatment to improve social functioning and solve social problems; or in the social approach, i.e., the necessity for making social changes to bring about improvement in the individual. This instrument is recommended for use only with persons who are social workers or who are well-oriented to the profession of social work, since the contents of the questionnaire can be understood only by those acquainted with this field. The CSOQ contains 62 items. Each item is answered on a 7-point scale. A rating of "1" indicates strong disagreement, a "4" indicates the subject is undecided, and a "7" indicates strong agreement. The instrument is self-administering and requires about 20 minutes to complete. Factor analysis of the items yielded five identifiable clusters. These clusters are identified as: 1) Psychodynamic-mindedness; 2) Social action; 3) Social environment-mindedness; 4) Title protection and training; and 5) Private practice. Sample items include: Social work has more intere[illegible] goals in common with the public health field than psychiatry; Social work is so preoccupied with its own professional needs that welfare of social work clients is suffering. A particular orientation to social work is represented by each of these item clusters. A total score is obtained for each cluster by adding up scores for the items in that cluster after reversing any item scores for items with negative factor loadings. Test-retest reliability coefficients for the cluster scores were .75 psychodynamic-mindedness, .71 social action, .78 social environment-mindedness, .63 title protection and training, and .22 private practice. Additional information and a copy of the instrument are available from the author.

COUNSELOR QUESTIONNAIRE

Peoria, IL, Bradley University, 1971.

Davison, Thomas, P. O. Box 3201, Peoria, IL 61614

The Counselor Questionnaire is an instrument designed to collect information on counselor response to a rehabilitation program. The instrument is intended for use with counselors involved in the Court Counselor Program in Peoria, IL. The questionnaire contains questions about counselees and about the counselor's own feelings toward the program. Sample questions are: "After working with a counselee, did you find that having the training session was, undesirable, somewhat undesirable, neutral, somewhat desirable, desirable"; "Was your counselee aware of the fact that you are a volunteer?" (yes or no); "Did you feel that the Office Staff of the Court Counselor Program gave you the assistance that you wanted from them?" (yes,no, or none required); "Did you feel the need for professional consultation for your counselee?"; "Was this available if needed?"; "Medical, psychological, marital, family, employment, alcohol, and drug"; "Do you, as a volunteer, feel that you are an important part of the program?" The instrument was developed through a survey evaluation of the Court Counselor Program. Copies of the instrument and the survey evaluation of the program are available from Philip L. Carlson, P. O. Box 1274, Peoria, IL 61614.

THE DAYLIGHT SAVING TIME QUESTIONNAIRE

Employee perceptions of daylight saving time as it influences job and patients' behavior. Training School Bulletin, 1970, 67, 25-29.

Cleland, Charles C., & Drew, Clifford J., University of Texas, 204 Sutton, Austin, TX 78712

The Daylight Saving Time Questionnaire is an instrument designed to investigate employee attitudes regarding the positive or negative effects of the shift to daylight saving time as this shift affects the orientation of patients in mental hospitals. The instrument was developed as part of an examination into the sorts of variables or events which influence patient and employee attitudes and contribute to the atmosphere or workings of institutions. The questionnaire consists of six items regarding daylight saving time. Sample items from the questionnaire are: "Do you think the students' behavior changes any when daylight saving time stops in the fall or begins in the spring?"; "Do you think changing time from standard to daylight saving time is of any concern to employees?"; "How do you think the students' behavior changes?" Response options are multiple-choice and vary with each item. Subjects are asked to check the response option which best represents their attitudes. The instrument requires less than five minutes for completion and is hand scored. The instrument was administered to 640 employees of a state institution for the retarded. The results of this pilot study revealed that approximately 39 percent of the responding employees were of the opinion that patients' behavior did change at daylight saving time shifts. In addition, those respondents who do perceive a time shift influence overwhelmingly view the change in behavior as negative. Perception of time change influence as negative was found to be related to the amount of direct contact the respondent had with patients. Further information, reliability and validity data, and a copy of the questionnaire may be obtained from the author.

MENTAL HEALTH ATTITUDE SCALE
Laramie, University of Wyoming, 1970.

Pasewark, Richard A., Department of Psychology, University of Wyoming, Laramie, WY 82070

The Mental Health Attitude Scale (MHA-S) is an instrument designed to measure the attitudes of individuals toward mental illness or psychological maladjustment. The scale was designed specifically for use in a Wyoming work study program in which adolescent high school students were given employment positions in local mental health and mental retardation institutions. The MHA-S is designed for the purpose of measuring the attitudes of employees of mental health facilities regarding psychological maladjustment or mental illness. The scale is composed of 56 items which consist of declarative statements describing various sorts of attitudes toward mental illness and the mentally ill. Respondents are asked to express varying degrees of agreement or disagreement with the opinion reflected in each item by selecting 1 of the following alternatives: "strongly agree," "agree somewhat," "neither agree nor disagree," "disagree somewhat," "disagree strongly." Sample items from the MHA-S are: "If one member of the family is mentally ill, other members of the family are probably also mentally ill"; "It is generally not a good idea to let normal children have contact with mentally ill persons"; "If a person is mentally ill, there is little that can be done for him except to give him good food and a fairly nice place to live"; "Mentally ill people are usually more angry and hostile than other people"; "A person becomes mentally ill because he doesn't have the will power to do something about his problems." A report of the work study program including the application of this scale will be contained in a final report to be submitted to the National Institute of Mental Health in November, 1972. Further information and a copy of the scale may be obtained from the author.

MENTAL HEALTH PROFESSIONALS' RESPONSES TO THE MENTALLY ILL QUESTIONNAIRE
Cleveland, OH, Hill House, Mental Health Rehabilitation and Research Inc., 1971.

Karmen, Mel, School of Applied Social Sciences, Case Western Reserve University, Cleveland, OH 44106

The Mental Health Professionals' Responses to the Mentally Ill is an instrument designed to measure the reactions of mental health professionals to potential clients. Professions included are social workers, general medical practitioners, psychiatrists, and rehabilitation counselors. The instrument is intended for use with those professionals who may have contact with psychiatric patients and is designed primarily to understand the nature of the initial response by professionals to potential clients and the relationship of this response to other variables. The instrument is comprised of three sections. The first section describes three potential patients and asks a series of questions concerning the professionals' response. Personal rejection, which is analogous to social distance, is tapped by items such as: "Would you object to having the person as a neighbor, be willing to have him join an organization to which you belong, etc.?" Professional rejection deals with prognostic issues, using questions such as what are his chances of finding and holding a job in the near future. Willingness to work with clients is asked directly, with reasons for response included. The second section, titled the Community Mental Health Ideology Scale, was first published in the *Community Mental Health Journal*, 1967, 3, 216-225. The third section relates to the type of work done and demographic information. Sample items are: "Are you primarily a salaried professional or in private practice?"; "What percentage of your work week do you spend in each of the following activities? (administration, supervision, classroom teaching, and consultation apart from direct service, direct service to clients or patients, other activities). The instrument is self-administered and requires approximately 15-20 minutes to complete. A copy of the instrument is available from the author.

THE NAPA PICTURE SERIES
A pictorial attitude test for the evaluation of in-service training programs. California, Napa State Hospital, 1967.

Stoer, Leopold, Department of Mental Hygiene, Napa State Hospital, Imola, CA 94588

The Napa Picture Series (NPS) is a series of pictures designed as a method of eliciting responses which reflect respondents' attitudes regarding the care and treatment of the institutionalized mentally ill. The NPS was designed specifically for the purpose of evaluating attitude change resulting from inservice training programs concerned with the communication and incorporation of certain values and attitudes regarded as central to patient oriented treatment approaches. Five hospital parameters were selected for representation in the NPS: 1) The hospital as a physical reality; 2) Staff interactions; 3) Staff-patient interactions; 4) Patient-patient interactions. An average of five pictures were initially drawn to represent each of the five patient activities. From the initial pool of pictures produced, 26 were chosen and divided into two sets of 13 pictures each. Both sets represent equally the five content areas and comprise two parallel forms of the test, Form S and Form T which were found to correlate .86 with one another. The elimination of six redundant and vague pictures resulted in an abbreviated form of the NPS consisting of two sets of 10 pictures each. Sample picture content is: "Patients at gate"; "Patients at party"; "Electroshock treatment"; "Patient and attendant"; "Patients working in laundry," etc. Hospital employees are instructed to look at the picture for a total of 4 minutes and then to fill out a form consisting of four questions: 1) "What is the picture about?"; 2) "What are your feelings with regard to what the picture portrays?"; 3) "Suggest changes, if any, you would like to see carried out concerning anything you see in the picture"; 4) "What thoughts does this picture bring to your mind?" Respondents' answers to each of the four questions yield topic, value, attitude, and involvement subscores respectively. Responses are rated on a 3-point "0" to "2" scale with, failure to recognize the setting, custodial orientation, lack of concern for patient's needs or for the patient as a person, and lack of involvement receiving a score in the "0" range, and the opposite tendencies receiving a score of "2." A score of "1" is assigned to responses which fall in the middle or are ambiguous. Respondents' totals in each of the four subscales are totaled, high scores representing a noncustoial orientation. The author reports high levels of descriminative validity and interrater reliability coefficients ranging from .95 to .97. The pictures may be administered to groups or individuals. Further information and copies of the pictures may be obtained from the author. Reproduction of the pictures provided with the source document is not permitted.

OPINIONS ABOUT MENTAL ILLNESS QUESTIONNAIRE

Attitude change and mental hospital experience. Journal of Abnormal and Social Psychology, 1962, 65(2), 112-120.

Hicks, Jack M., & Spaner, Fred H., University of North Carolina-Asheville, Asheville, NC 28804

The Opinions About Mental Illness Questionnaire is an instrument designed to measure attitudes toward the mentally ill. The instrument is intended for use with mental hospital employees and is designed primarily as a measuring tool in an investigation of the hypothesis that favorable attitudes toward the mentally ill will develop as a function of intimate exposure to the mental hospital environment. The instrument contains 66 items of the Likert type. Each item is a statement concerning mentally ill persons and/or mental hospitals to which the subject responds on the basis of a 5-point scale of agreement. A sample item is: "Mental patients are as trustworthy as anyone." Some of the 66 items were borrowed verbatim or modified from Gilbert and Levison's CMI scale (Gilbert, D. & Levinson, D. J. Ideology, personality and institutional policy in the mental hospital. Journal of Abnormal and Social Psychology, 1956, 53, 263-271) and from Middleton's Prejudice Test (Middleton, J. Prejudices and opinions of mental hospital employees regarding mental illness. American Journal of Psychiatry, 1953, 10, 133-138). The remaining items were constructed originally by the authors. The instrument is self-administered and is scored by totaling the agreement ratings. Response set control consists of inclusion of both positively and negatively worded items. To date, the major application of the instrument has been in the author's study of the effects of overall mental hospital experience upon modification of attitudes toward the mentally ill using student nurse populations. Results of that study are reported in the source document. A copy of the instrument is avilable from the first author.

OPINIONS ABOUT MENTAL ILLNESS SCALE

Opinions about mentail illness in the personnel of two large mental hospitals. Journal of Abnormal and Social Psychology 1962, 64, 349-360.

Cohen, Jacob, & Struening, E. L., 20 East Ninth Street, New York, NY 10003

Opinions About Mental Illness (OMI) is an instrument designed to measure the opinions of persons regarding the cause, description, treatment and prognosis of severe mental illness. Assessment of attitudes toward mental illness is accomplished by a 51-item scale which samples five independent dimensions or orientations toward mental illness. These dimensions are: a) Authoritarianism, identified with the California F Scale, reflecting an attitude of the mentally ill as an inferior class requiring coercive handling; b) Benevolence, a humanitarian orientation with its foundations in religious beliefs rather than science; c) Mental hygiene ideology, maintains that mental illness is an illness like any other, emphasizing individual maladaptation in terms of a medical model; d) Social restrictiveness, an orientation which reflects a view of the mentally ill as dangerous and requiring restriction; e) Interpersonal etiology, reflects the belief that mental illness arises from interpersonal experiences, especially deprivation of parental love in childhood. Sample items representing each of these orientations are: "No matter how you look at it, patients with severe mental illness are no longer human"; "Even though patients in mental hospitals behave in funny ways, it is wrong to laugh at them"; "Mental illness is an illness like any other"; "The best way to handle patients in mental hospitals is to keep them behind locked doors"; "If parents loved their children more, there would be less mental illness." Respondents are asked to express agreement or disagreement with scale items of a 6-point Likert scale ranging from "strongly agree" to "strongly disagree." The authors have demonstrated the factorial stability of these opinions across three samples of mental hospital personnel identical in occupational composition but varying in religious and regional characteristics. An experimental application of the OMI may be found in Smith, Jean J. Psychiatric hospital experience and attitudes toward "mental illness." Journal of Consulting and Clinical Psychology, 1969, 33, 302-306. Further information and a copy of the OMI may be obtained from Elmer Struening, School of Public Health and Administrative Medicine, Division of Epidemiology, Columbia University, 600 West One hundred sixty-eighth Street, New York, NY 10032.

PRESCRIPTION DIMENSIONS OF FIVE SCHOOLS OF PSYCHOLOGY RATING SCALE

Brunswick, ME, Bowdoin College, 1971.

Fuchs, Alfred H., & Kawash, George F., Department of Psychology, Bowdoin College, Brunswick, ME 04011

The Prescriptive Dimensions of Five Schools of Psychology Rating Scale is an instrument designed to analyze the systematic position of each of five schools of psychology along Watson's 18 bipolar dimensions. The instrument was used with American Psychological Association members who served as raters and is designed primarily to explore the usefulness of Watson's prescriptions in describing the five schools of psychology, "Behaviorism," "Functionalism," "Gestalt," "Psychoanalysis," and "Structuralism," and the systematic issues which separate them. The scale consists of 36 terms. Sample terms are: "Centralism"; "Conscious mentalism"; "Irrationalism"; "Molecularism"; "Rationalism"; "Utilitarianism"; "Vitalism." The rater was asked to rate each term on a one to seven scale: a rating of one meaning "no significance," four means "moderate significance," and seven means "great significance." The raters were asked to judge each of the five schools of psychology with respect to all 36 terms. The instrument is self-administered. The results of a factor analysis describing the instrument are contained in a paper which is available from the author. Response set controls for the instrument consist of changing the order of five schools to be rated. A copy of the instrument is available from the author and may be suitable for use with students as a teaching aid.

THE PROGNOSTIC SCALE FOR FUNCTIONAL PSYCHOTIC DISORDERS

Psychiatrists' prognostic judgments regarding functional psychotic disorders: A prognostic scale. Behavioral Science, 1966, 11, 115-119.

Stone, Leroy A., Psychology Department, University of North Dakota, University Station, Grand Forks, ND 58201

The Prognostic Scale For Functional Psychotic Disorders is an instrument intended to measure: 1) The consistency of individual ratings by psychiatrists according to the judged prognosis of accepted psychiatric diagnostic categories; 2) The degree of interrater agreement demonstrated by psychiatrists in their prognostic judgments; 3) The degree to which these prognostic judgments represent a scalable dimension (i.e., an interval scale). The judgment stimuli employed in the prognostic scale were 15 functional psychotic disorders selected from the American psychiatric association diagnostic and statistical manual; Mental disorders. The disorders used to formulate scale items were: 1) Involuntional psychotic reaction; 2) Manic depressive reaction, manic type; 3) Manic depressive reaction, depressive type; 4) Psychotic depressive reaction; 5) Schizophrenic reaction, simple type; 6) Schizophrenic reaction, hebephrenic type; 8) Schizophrenic reaction, acute undifferentiated type; 10) Schizophrenic reaction, chronic undifferentiated type; 11) Schizophrenic reaction, schizoaffective type; 12) Schizophrenic reaction, childhood type; 13) Schizophrenic reaction, residual type; 14) Paranoia; 15) Paranoid state. These 15 disorders were presented to judges (psychiatrists) in a 105-page booklet. On each page two stimuli (functional psychotic disorders) were listed. All of the pairs of stimuli presentations were in a prearranged randomly determined order. The psychiatric judges were instructed that the test involved an attempt to scale psychologically by the method of paired comparisons the prognostic aspects of 15 psychotic disorders. The psychiatrists were asked to circle the disorder of each pair (based on personal experience) which seemed to have the better prognosis. In addition to this task, in order to locate a meaningful zero point on the interval scale obtained by the previously described method, psychiatrist-judges were also presented with a list of the same stimuli and asked to place a check beside the disorders which involved a poor prognosis. Results of this study indicated that the consistency of each psychiatrist's comparative judgments was statistically significant (r = .81 - 1.00); the coefficient of interjudge agreement was similarly significant; the present judge prognosis scale may be thought of as having interval scale properties. Further information and a copy of the stimuli booklet may be obtained from the author.

THE RATER'S FACT SHEET

Athens, University of Georgia, 1972.

Thomas, George, Regional Institute of Social Welfare Research, The University of Georgia, 1260-1280 South Lumpkin Street, Athens, GA 30601

The Rater's Fact Sheet is an instrument designed for administration to employees of child-caring institutions in the state of Georgia. The instrument is intended to measure employees' attitudes about their jobs, and their attitudes regarding the discipline and treatment of children. The instrument consists of three parts. Part I consists of 20 items and taps the identifying, demographic and job characteristics of the respondent. Part II taps respondents attitudes regarding their job and contains 31 items. Part III taps respondents attitudes regarding children and contains 42 items. Sample items from the instrument are: "Number of years employed at this institution?"; "In your job, how many children are you directly responsible for?"; "My life would seem empty without my work to occupy me"; "My job forces me to work with certain individuals whom I dislike"; "I would turn down an opportunity to change my present job for one of equal pay, security, and status"; "A child will be grateful later for strict training"; "A child should always accept the decisions of adults who are responsible for him." Items in Parts II and III are responded to in terms of a 4-point scale ranging from "strongly agree" to "strongly disagree." The instrument requires about 30 minutes for completion and was developed as part of an extensive survey of child-caring institutions in the state of Georgia. However, the present instrument may be used to tap the attitudes of child care facility employees in other states. Further information and a copy of the instrument may be obtained from the author.

SCALE E

Laramie, University of Wyoming, 1970.

Pasewark, Richard A., Department of Psychology, University of Wyoming, Laramie, WY 82070

The E Scale was developed specifically as an assessment technique for evaluating the success of a Wyoming work study program in which adolescent high school students were given employment positions in local mental health and mental retardation institutions. The E Scale is designed to measure the opinions of older employees of such mental health facilities regarding adolescents in general and adolescents as fellow workers. The scale is divided into two parts. Part I deals with attitudes toward adolescents in general, and items tap such opinions as whether youths are dependable, impulsive, responsible, work-oriented, fun-oriented, etc. Sample items from Part I are: "Most young people generally try to out do older people"; "Young people are more willing to put in extra time than older people"; "There is no substitute for age and experience"; "Young people are usually not too dependable." Part II deals specifically with opinions regarding adolescents as employees at mental health facilities. Sample items from Part II are: "Young people lack the judgment to relate to patients well"; "Because of their age, young people would be greatly upset by the problems of the mentally ill"; "It would take longer to train a young person to do a job than it would be worth." Respondents are asked to express varying degrees of agreement or disagreement with the opinion reflected in each item by checking one of the following alternatives, "strongly agree," "somewhat agree," "strongly disagree." A final report of the work study program including the application of this scale is contained in a final report submitted to the National Institute of Mental Health in November, 1972. A copy of the instrument and further information are available from the author.

SCALE FOR THE MEASUREMENT OF ATTITUDES ABOUT SCHIZOPHRENIA

Scale for the measurement of attitudes about schizophrenia. Journal of Consulting and Clinical Psychology, 1972, 38(2), 288-295.

Fitzgibbons, David J., & Shearn, Charles R., The Institute of Living, 400 Washington Street, Hartford, CT 06106

The Scale for the Measurement of Attitudes About Schizophrenia is an instrument designed for administration to mental health professionals in order to determine their beliefs about the phenomenology, etiology, and prognosis of schizophrenia. The scale consists of 94 opinion items referring to beliefs about the cause, prognosis, and descriptive characteristics of schizophrenia. The sources for the belief items included open-ended interviews with psychiatrists and other mental health professionals and the major clinical literature on schizophrenia. The items are presented in a Likert format with provisions following each item for a checked response on a 6-point continuum of "agreement-disagreement." A sample item is: "The diagnosis of schizophrenia should not be made unless there is evidence of a weakened link with reality." The scale is self-administered. A factor analysis of the responses of 183 mental health professionals yielded eight principal factors that identify relevant dimensions of the beliefs held by the sample: "Interpersonal etiology"; "Bleulerian phenomenology"; "Disease concept of schizophrenia"; "Poor prognosis"; "Poor understanding of schizophrenia"; "Schizophrenia as a thinking disorder"; "Adaptive symptomatology and irreversibility." Professional discipline (i.e., psychiatry, clinical psychology, psychiatric social work) was found to account for a significant proportion of the variance in both etiological factors. Theoretical orientation was related to opinions about the purposeful nature of symptoms and about prognosis. Place of employment was found to be related to various opinions about etiology and phenomenology. Detailed analysis and discussion of the factor analytic procedure is reported in the source document. A copy of the instrument and relevant reprints are available from the first author.

THE SCALE ON PROCEDURES IN DEALING WITH CHILDREN

Project summary: The development of behavior dimensions for emotionally disturbed children: A study of relevant indicators for classroom techniques, therapeutic methods, and prognosis. Interim report, USOE Grant 2003, July 1967, Vanderbilt University, Nashville, TN

Held, Joan M., & Cromwell, Rue L., no address for the first author

The Scale on Procedures in Dealing with Children (PDC) is an instrument designed to measure three different aspects of treatment variables relating to emotionally disturbed children. First, the overall milieu, setting, and type of treatment philosophy are assessed. This includes information about collateral treatment, such as the involvement of parents and others. Second, the reaction of workers to specific problem behaviors is assessed. Third, the sequence of procedures in dealing with a child over short periods of time is assessed. The instrument is intended for use with teachers, therapists, and other workers who deal with emotionally disturbed children. The instrument contains 57 items of several types, multiple-choice, true-false, rank ordering of choices, and graphic rating of choices. A sample item of the simplest type is: "I find that other people at this center often treat this child differently than I do." The PDC was developed primarily by observing workers with emotionally disturbed children. Interviews and review of the literature also contributed. Several drafts and revisions of the instrument were made on the basis of observational work at five different centers, time samples made by project staff members, observations by residential staff members, comments and suggestions from clinical psychologists, psychiatrists, teachers, counselors and aids. The instrument is self-administering and requires both the stimulus instrument and an answer booklet. The PDC is scored by reference to the code booklet. Reliability and validity data are contained in the source document. Dr. Rue L. Cromwell, Lafayette Clinic, Department of Mental Health, 921 E. Lafayette, Detroit, MN 48207

THE STAFF PHILOSOPHY OF TREATMENT FORM

Downey, IL, Veterans Administration Hospital, 1965.

Barrell, Robert P., De Wolfe, Alan S., & Cummings, Jonathan W., Psychology Research Laboratory, Veterans Administration Hospital, Downey, IL 60064

The Staff Philosophy of Treatment Form (SPOT) is an instrument designed to measure staff attitudes toward patient care in general medical and surgical hospitals. The 144-item scale was developed from a pool of 185 items through unanimous agreement of three judges as to what attitude was tapped by each item. The SPOT measures seven attitude areas: a) Interprets rules in an authoritarian way; b) Believes patients should be informed about their condition; c) Accepts the idea that staff behavior affects patient needs; d) Is aware of patient needs; e) Perceives need for congeniality among staff; f) Views patients unfavorably; g) Thinks staff should be self-critical about performance. A sample item is: "The most important thing is the patient's feelings." The subject completes the paper and pencil form by indicating, on a 4-point scale, to what extent he agrees or disagrees with each statement. Reliability and validity data are available in Barrell, Robert P., De Wolfe, Alan S., & Cummings, Jonathan W. A measure of staff attitudes toward care of physically ill patients. *Journal of Consulting Psychology*, 1965, 29, 218-222. A copy of the instrument and more information about it are available from the first author.

SYMPTOMS EVALUATION CHECKLIST

A comparison of symptom evaluations by psychiatrists and social workers. *Hospital and Community Psychiatry*, 1972, 23(1), 13-14.

Plutchik, Robert, Conte, Hope, & Landau, Herbert, Bronx State Hospital, 1500 Waters Place, Bronx, NY 10461

The Symptoms Evaluations Checklist is an instrument designed to measure how closely members of different mental health disciplines agree in their perceptions of aftercare patients. The instrument consists of 22 brief phrases describing common medical or psychiatric symptoms and 11 brief phrases indicating competence and strengths. Sample symptoms are: "Obesity"; "Many physical complaints"; "Strange postures"; "Very rapid speech"; "Silly giggling"; "Distractibility"; "Family conflicts." Sample strengths are: "Has hobbies"; "Visits friends"; "Enjoys reading books"; "Regular job attendance"; "Relates easily"; "Good adjustment within limitations." Five psychiatrists and 24 social workers rated 51 patients on the 33 symptoms and strengths. The psychiatrists tended to rate more patients on symptoms that indicated schizophrenia. Social workers described patients as having more family and work adjustment problems. Social workers were also noted to identify more strengths in the patients than did the psychiatrists. A copy of the instrument is available in the source document.

THERAPIST'S VIEW OF PATIENT'S INTERACTION

Philadelphia, Philadelphia State Hospital, 1970.

Weinman, Bernard, Behavioral Science Clinical Research Center, Philadelphia State Hospital, 14000 Roosevelt Boulevard, Philadelphia, PA 19114

The Therapist's View of Patient's Interaction is one of four questionnaires filled out by both patients and staff designed to evaluate the quality of the interpersonal relations among the patients and between the patients and staff participating in rehabilitative therapy groups. Conflict and group cohesiveness are the main areas of concern and are evaluated by rating the degree of cooperation, support, disagreement, and interpersonal attraction among the patient groups and between the patients and staff. The above instrument elicits the therapist's viewpoint and is filled out at the end of the first, fourth, and eighth months of an 8-month treatment program. It consists of 18 items concerned with patient-patient and staff-patient interpersonal relations. Some sample questions are: "How do you believe the patient feels about A? (One of several people in the group for which the question is answered), a) likes him very much, b) likes him somewhat, c) feels neutral or indifferent to him, d) dislikes hims somewhat, e) dislikes him very much"; "If the patient has a conflict with A, he a) shows hostility, b) disagrees constantly, c) stops interacting, d) complains to the hospital staff, e) nothing." The instrument was developed for use in the rehabilitation of chronic schizophrenic patients. It is administered in conjunction with the other three questionnaires mentioned above. More information and a copy of the instrument are available from the author.

TRANSCENDENTAL MEDITATION: GENERAL EVALUATION SURVEY

Danville, Centre College of KY, 1972.

Brown, Fredrick M., Psychology and Psychobiology Programs, The Centre College of Kentucky, Danville, KY 40422

Transcendental Meditation: General Evaluation Survey (GES) is an instrument designed to survey the opinions of present and former practitioners of transcendental meditation (TM). The instrument was developed for the purpose of assessing the variables related to the continuance or discontinuance of the practice of transcendental meditation. The variables or areas investigated by the GES are demographic characteristics (e.g., sex, age), strength of religious affiliation, regularity of meditation practice, general outlook on the world (e.g., joyous, concerned, serene, etc.), establishment of a meditation schedule, changes in the use of a variety of drugs related to TM, general personal changes associated with TM, changes in sensitivity to people and events (both general and extrasensory) associated with TM. The instrument consists of three sections. Section A taps general information and demographic data. Section B is directed specifically to respondents who do not consider themselves regular practitioners of TM. Section C is directed to those respondents who do practice TM on a regular basis. Each of these sections consists of 14, 12, and 12 items respectively. Sample items from the GES are: "Has the general level of conflict or tension in your social relationships changed since beginning TM?"; "To what extent did your difficulty in establishing a meditation schedule contribute to your reducing your regular meditation?"; "Are there any other changes, either positive or negative which you wish to comment upon as being directly attributable to the practice of TM (please specify)?" With the exception of a number of fill-in items, most items require the respondent to check the alternative which most adequately expresses his response to the item. GES forms are designed for mailing to TM practitioners of at least six months. The GES has recently been mailed to a random sample of 2,000 TM practitioners in the United States. Information regarding the analysis of these results and a copy of the GES may be obtained from the author.

MENTAL RETARDATION

ADAPTIVE BEHAVIOR SCALES

Washington, American Association on Mental Deficiency, 1969.

Nihira, Kazuo, Foster, Ray, Shellhaas, Max, & Leland, Henry, Neuropsychiatric Institute, UCLA Medical School, University of California at Los Angeles, Los Angeles, CA 90024

The Adaptive Behavior Scales (ABS) is an instrument designed to measure the extent and quality of the adaptive behavior of mentally retarded and emotionally maladjusted individuals. The ABS was originally developed for institutional use and requires careful administration when employed in public schools or other administrative agencies. Two alternate forms of the ABS have been constructed, one to measure the adaptive behavior of children up to age 12 and the other to measure adaptive behavior of adults and adolescents 13 years and older. The instrument measures 10 behavior domains considered important to the maintenance of personal independence in daily living and 14 domains pertinent to maladaptive behavior involving personality and behavior disorders. The ABS is administered as a behavior rating scale and is completed by an observer of the retardate, such as a clinical psychologist or teacher. The instrument consists of 101 multiple-response items. Directions for completing the items vary throughout the instrument; the rater may be instructed to select one or more of the available responses or to ignore the question if it is not appropriate. A sample items is: "Table clearing." Select the one statement that best describes the child's ability to clear the table, 1) Clears table of breakable dishes and glassware; 2) Clears table of unbreakable dishes and silverware; 3) Does not clear table at all." The ABS is scored according to a special scoring methodology presented in the Manual. The instrument has been to date primarily utilized in research with institutionalized retardates. A copy of the ABS may be obtained from the American Association on Mental Deficiency, 5201 Connecticut Avenue, NW, Washington, DC 20015.

ATTITUDE-BEHAVIOR SCALE: MENTALLY RETARDED

Construction of a Guttman facet designed cross-cultural attitude-behavior scale toward mental retardation. American Journal of Mental Deficiency, 1971, 76(2), 201-219.

Jordan, John E., College of Education, Michigan State University, East Lansing, MI 48823

The Attitude-Behavior Scale: Mentally Retarded is an instrument designed to assess attitudes and behaviors in relation to the mentally retarded. The instrument is based on Guttman facet theory. The scale contains 140 items divided into nine sections covering the following: "What other people believe the mentally retarded ought to do and not to do"; "What the respondent believes is right or wrong for the mentally retarded to do"; "What the respondent would do for the mentally retarded"; "How the respondent actually feels about the mentally retarded"; "Experiences the respondent may have had with the mentally retarded or the handicapped"; "Personal data about the respondent." Sample items are: "Other people generally believe the following things about the mentally retarded as compared to those who are not mentally retarded, (faithful to spouse, will take care of his children, likely to obey the law)"; "In respect to people who are mentally retarded, do you believe that it is usually right or usually wrong for the government, to marry someone who is not mentally retarded)." The instrument is self-administered. Information on the construction of the scale is available in the source document. The source document and additional information about the scale are available from the author.

BRYANT-SCHWAN DESIGN TEST, PART I

Mankato, MN, Mankato State College, 1972

Bryant, Antusa S., & Schwan, LeRoy. Department of Special Education, School of Education, Mankato State College, Mankato, MN 56001

The Bryant-Schwan Design Test, Part I, is an instrument designed to measure what a mentally retarded, preschool, or elementary school aged child knows about design (lines, shapes, colors, textures, and values). The instrument can be used by art teachers, special education teachers, elementary teachers, and teacher aides and is designed primarily for planning an art curriculum for mentally retarded children. The Design Test is the result of six years of art research and experimentation with normal and mentally retarded children. To obtain a test kit write to: Campus Publishers, Box 1005, Mankato, MN 56001. Further information regarding the instrument can be obtained from the first author.

THE CVS ABBREVIATED INDIVIDUAL INTELLIGENCE SCALE

Journal of Consulting Psychology, 1952, 15, 181-186.

Hunt, William A., & French, Elizabeth G., Department of Psychology, Loyola University, 6525 Sheridan Road, Chicago, IL 60626

The CVS is an abbreviated, individual intelligence scale designed both to measure intelligence and to serve as a rough diagnostic screening device for identifying mental defectives. The test consists of three sections. The Comprehension (C) and Similarities (S) sections were taken from the Wechsler-Bellevue scale, and the 15-word vocabulary (V) section was adapted by Thorndike from the Stanford-Binet. The correlation of the CVS with the criterion, The Navy General Classification Test, is .80. Further reliability and normative data are available in the source document. A copy of the instrument is available from the first author.

ILLINOIS INDEX OF SELF-DEROGATION--FORM 3

Self-derogations in young retardates and special class placement. Child Development, 1962, 33, 443-451.

Meyerowitz, Joseph H., Department of Psychiatry, Baylor College of Medicine, Texas Medical Center, Houston, TX 77025

The Illinois Index of Self-Derogation--Form 3 is an instrument designed to measure a child's self-concept. The instrument is intended for use with the educationally mentally handicapped and is designed primarily to determine self-derogation in children. The instrument consists of 22 items which describe a child with a poor self-concept a a child with a good self-concept. The child responds by marking the appropriate stick figure picture score sheet. The stick figures are represented by one child holding a balloon and one child holding a flag. The instrument is individually administered. Factor analysis data are reported in the source document. Sample items are: "The balloon child is happy when he thinks about himself"; "The balloon child has a hard time in school"; "The flag child likes school"; "Kids talk to the balloon child"; "Kids do not talk to the flag child." A copy of the instrument is available from the author.

MANUAL FOR ADMINISTRATION OF NEUROPSYCHOLOGICAL TEST BATTERIES FOR ADULTS AND CHILDREN

Indiana Neuropsychological Laboratory, Indiana University Medical Center.

Reitan, Ralph M., Child Development and Mental Retardation Center, University of Washington, Seattle, WA 9810

The Neurological Test Batteries for Adults and Children have been used extensively at the Neuropsychology Laborat of the Indiana University Medical Center and at other hospitals and universities to permit valid inferences concerning many aspects of impaired brain functioning and psychological deficit due to brain damage. There are three batteries, one for 15 years of age and older, a second for children aged 9 through 14 years, and a third for children aged five through eight. The adult battery consists of the Halstead Neuropsychological Test Battery, the Wechsler-Bellevue Scale (Form I), the Trail-Making Test (Armitage, Reitan), Reitan's modification of the Halstead-Wepman Aphasia Screening Test, various tests of sensory-perceptual and motor functions, measures of lateral dominance, and the MMPI. The 9 through 14 years of age battery is similar but substitutes the WISC for the Wechsler-Bellevue and the MMPI is omitted. Further modifications are made to render the battery appropriate for the five through eight years of age battery, and a number of new tests have been introduced. Methodologically, these test batteries were designed to permit the conjoint use of several methods of inference regarding brain functions. For example, the batteries include measures of level of performance over a wide range of intellectual and cognitive functions, tests that reveal specific deficits or signs of brain damage, comparisons of the adequacy of functions on the two sides of the body that permit intra-individual assessment of the condition of homologous areas in the two cerebral hemispher and identification of patterns of abilities that might reflect localized or regional impairment of the cerebral hemispheres. The source document is a manual describing how to administer and score the tests in these batteries with the exceptions of the Wechsler tests and the MMPI. A copy of the manual may be obtained from the author. The tests in these batteries, except those that are available through regular commercial channels, also may be obtained from the author.

MENTAL RETARDATION ATTITUDE SCALE

Laramie, University of Wyoming, 1970.

Pasewark, Richard A., Department of Psychology, University of Wyoming, Laramie, WY 82070

The Mental Retardation Attitude Scale (MRA-S) is an instrument designed to measure the attitudes of individuals toward mental retardation. The scale was designed specifically for use in a Wyoming work study program, in which adolescent high school students were given employment positions in local mental health and mental retardation institutions. The MRA-S is designed for the purpose of measuring the attitudes of employees of mental health facilities regarding mental retardation and the mentally retarded. Respondents are asked to express varying degrees of agreement or disagreement with the opinion reflected in each item by selecting one of the following alternatives rang ing from "strongly agree" to "disagree strongly." Sample items from the MRA-S are: "People who are retarded shoul be sterilized so they cannot have children"; "A mentally retarded child requires less love and attention than the norn child"; "The retarded child should be treated more strictly than the normal child"; "Many mentally retarded people can hold down jobs." A report of the work study program, including the application of this scale, will be contained in a final report to be submitted to the National Institute of Mental Health in November, 1972. Further information and a copy of the scale may be obtained from the author.

PERSONAL SKILLS SCALE

Determinants of institutional release and prognosis in mental retardates. *Journal of Abnormal Psychology*, 1969, 74(6), 685-692.

Vogel, William, Kun, Karoly J., & Meshorer, Edward, Department of Psychology, Worcester State Hospital, Worcester, MA 01613

The Personal Skills Scale (PS) is an instrument designed to rate the degree to which mentally retarded persons are capable of performing self sustaining personal behaviors such as feeding, bathing, and dressing themselves. The purpose of the PS scale is to provide an easily obtainable measure of the level of retardates' adaptive skills on the basis of information contained in institution records rather than from direct observation. PS raters with access to institution records are instructed to look at each of the behaviors listed in the scale and, on the basis of recorded information on a given retardate, select which of the PS items most adequately characterize that individual's customary level of functioning. There are 15 items or behaviors described in the PS which were developed from an analysis of institution records. Below each sort of activity are listed five statements describing behaviors that reflect varying levels of adaptivity, ranging from complete helplessness to complete self sufficiency. A sample item from the PS is: "Communication of needs, a) totally unable to communicate, b) makes basic needs known nonverbally but with difficulty, c) communicates basic needs non-verbally without difficulty, d) makes needs known verbally with difficulty, e) can verbally communicate basic needs with ease." The PS may be administered in conjunction with a similar instrument, the Social and Emotional Behavior Scale (SEB), which measures the level of retardate functioning in such areas as interpersonal and emotional development also on the basis of institution records. PS ratings by trained judges require 10 minutes for completion. An experimental application of both the PS and SEB rating scales may be found in Vogel, W., Kun, K. J., & Meshorer, E. Changes in adaptive behavior in institutionalized retardates in response to environmental enrichment or deprivation. *Journal of Consulting and Clinical Psychology*, 1968, 32, 76-82. Further information, a list of references, and a copy of both the PS and SEB may be obtained from the first author.

SOCIAL AND EMOTIONAL BEHAVIOR SCALE

Determinants of institutional release and prognosis in mental retardates. *Journal of Abnormal Psychology*, 1969, 74(6), 685-692.

Vogel, William, Kun, Karoly J., & Meshorer, Edward, Department of Psychology, Worcester State Hospital, Worcester, MA 01613

The Social and Emotional Behavior Scale (SEB) is an instrument designed to rate the level of adaptive social and emotional functioning in mentally retarded persons. The purpose of the scale is to provide an easily obtainable measure of retardates' intersocial and emotional development, which is derivable from information provided by institution records rather than from direct observation. SEB raters with access to institution records are instructed to look at each of the behaviors listed in the scale and, on the basis of recorded information on a given retardate, select which of the SEB items most adequately characterizes that individual's customary level of functioning. The SEB consists of 15 items. Items one through six, tapping social adaptability, were developed directly from analysis of institution records. Items 7 through 15, tapping emotional adaptability, were adapted in whole or in part from the TMR Performance Profile, another retardate rating scale authored by DeNola, Kamensky, and Sternfeld. Below each of the 15 behaviors and traits sampled by the SEB there are listed five statements describing activities which reflect varying levels of adaptive functioning, ranging from completely unadaptive social and emotional behaviors to completely adaptive social and emotional behaviors. A sample item from the SEB is: a) Is self-destructive; b) Not self-abusive but physically aggressive toward others; c) Not physically aggressive but verbally aggressive; d) Controls displays of physical or verbal aggression but is easily provoked; e) Controls aggression well and is not easily provoked. The SEB may be accompanied by a similar instrument, the Personal Skills Scale (PS), which measures levels of retardate functioning in such areas as toilet training, feeding behavior, dressing behavior, etc., also on the basis of institution records. Scoring of the SEB by a trained rater requires about 10 minutes. An experimental application of the SEB and the PS may be found in Vogel, W., Kun, K. J., & Meshorer, E. Changes in adaptive behavior in institutionalized retardates in response to environmental enrichment or deprivation. *Journal of Consulting and Clinical Psychology*, 1968, 32, 76-82. See also: Vogel, W., Kun, K. J., & Meshorer, E. The behavioral significance of EEG abnormality in mental defectives. *American Journal of Mental Deficiency*, 1969, 74, 62-68; Vogel, W., Kun, K. J., & Meshorer, E. Determinants of institutional release and prognosis in mental retardates. *Journal of Abnormal Psychology*, 1969, 74, 685-692. Further information, additional references, and a copy of both the SEB and the PS may be obtained from the first author.

SURVEY OF OPINIONS

Measurement of attitudes toward the retarded and an application with educators. *American Journal of Mental Deficiency*, 1967, 72(1), 100-107.

Efron, Rosalyn E., & Efron, Herman Y., Department of Medicine and Surgery, Veterans Administration, Washington, DC 20420

The Survey of Opinions (SO) is a 70-item, Likert format questionnaire designed to elicit an individual's opinion and attitude toward mental retardation and the educable retardate. Each item is answered on a 6-point agree-disagree continuum ranging from "strongly disagree" to "strongly agree." Factor analysis of the items yielded six factors: 1) Segregation via institutionalization; 2) Cultural deprivation; 3) Noncondemnatory etiology; 4) Personal exclusion;

5) Authoritarianism; and 6) Hopelessness. A test for construct validity was satisfied on five of the six factors. The factor not meeting the requirements for construct validity was noncondemnatory etiology. The reliability coefficients (internal consistency) for the factors were segregation via institutionalization, .79; cultural deprivation, .63; noncondemnatory etiology, .57; personal exclusion, .73; authoritarianism, .69; and hopelessness, .59. A total score is obtained for each factor by adding the item scores and then adding or subtracting a constaat. The range of possible scores are segregation via institutionalization, 1 to 46; cultural deprivation, 1 to 31; noncondemnatory etiology, 1 to 41; personal exclusion, 1 to 51; authoritarianism, 1 to 56; and hopelessness, 1 to 31. High scores in each of the factors indicates segregation via institutionalization (the respondee favors segregation of retarded); cultural deprivation (recognizes cultural impoverishment as a major cause of retardation); noncondemnatory etiology (sees mental retardation occurring randomly, i.e., not as a punishment from God); personal exclusion (desire to avoid intimate involvement with retarded person); authoritarianism (authoritarian); and hopelessness (pessimistic outlook for retarded). Additional information and a copy of the instrument are available from the second author at the same address.

THE VOCATIONAL ADJUSTMENT RATING SCALE

Development of a vocational adjustment rating scale for the retarded. Journal of Consulting Psychology, 1971, 18(2), 173-176.

Song, Ralph H., & Song, A. Y., Department of Psychology, Wisconsin State University, Whitewater, WI 53190

The Vocational Adjustment Rating Scale is an instrument designed to measure different aspects of vocational adjustment in adolescent and adult mental retardates. The instrument consists of 53 items divided into five parts: 1) Work ability, 2) Work habits, 3) Withdrawn behavior, 4) Aggressive behavior, 5) Bizarre behavior. Sample items from each of these areas are: 1) Independence from supervision, motor coordination and movement, recognizes and corrects errors; 2) Attendance, honesty, punctuality; 3) Shows no interest in anything, sits still and daydreams, is very slow in movement; 4) Gets angry easily, fights physically with coworkers; 5) Talks to himself, talk is not sensible. The items in Parts I and II were rated in terms of degree using a 5-point scale ranging from "0" for "very poor" to "4" for "excellent." Items in Parts III, IV, and V were rated in terms of frequency using a 5-point scale ranging from "0" for "very often" to "4" for "never." Ratings were made by subjects' immediate work supervisors. Raters were asked to check every item giving the subject a vocational adjustment score which was the cumulative summation of all the scale values checked on the rows of the scale. The instrument requires about 15 to 20 minutes for completion and is hand scored. The five scale parts were based essentally on the American Association on Mental deficiency's list of important behavior variables in retardates, i.e., skill, conformity and interpersonal relations (Herber, R. A. Manual on terminology and classification in mental retardation. American Journal of Mental Deficiency Monograph Supplement, 1959, 64, 75-76. The authors report high levels of concurrent, predictive, and construct validity. One week test-retest reliability coefficients for Part I through V, and the total scale score were .90, .93, .78, .91, .75 and .92 respectively. Further information and a copy of the instrument may be obtained from the author.

THE VOCATIONAL ADJUSTMENT RATING SCALE-DIRECT FORM

An experimental edition of a rating scale of vocational adjustment for the mentally retarded. The Training School Bulletin, 1972, 69(2), 92-99.

Daniels, Lloyd K., Department of Psychology, Central Connecticut State College, New Britain, CT 06050

The Vocational Rating Scale-Direct Form is an instrument designed to assess the vocational adjustment of potentially employable retarded males. From an original pool of 400 items obtained from vocational performance rating scales, three judges evaluated each item and reached 100-percent agreement on 127 items. Item analyses identified the 90 items which reached significance at the .01 level. From these 90 items, the items comprising the present scale were selected on the basis of 100 percent agreement by three professional psychologists according to whether the items reflected traits directly (as opposed to tangentially) related to vocation adjustment and work performance. A total of 39 items were thus selected to comprise the present scale. Sample items from the instrument are: "Obeys orders willingly"; "Is on time for appointments"; "Assumes responsibility for his own mistakes"; "Decreases efficiency when told to change from one job to another." Items are rated by checking one of the five responses ranging from "usually, to "don't know." The instrument has been used to assess the vocational adjustment of mentally retarded males receiving vocational adjustment training. The instrument may also be used experimentally on a female population with minor changes in wording. The instrument may be administered in conjunction with a similar scale developed with the present instrument and used to assess traits indirectly or tangentially related to work performance and vocational adjustment. The scale was demonstrated to have high concurrent validity to the extent that the five vocational trainees receiving the highest and lowest scale scores on the Vocational Rating Scale were given the highest and lowest qualitative appraisals by the training program's senior supervisor. Further information and copies of the scales may be obtained from the author.

THE VOCATIONAL ADJUSTMENT RATING SCALE-INDIRECT FORM

An experimental edition of a rating scale of vocational adjustment for the mentally retarded. The Training School Bulletin, 1972, 69(2), 92-99.

Daniels, Lloyd K., Department of Psychology, Central Connecticut State College, New Britain, CT 06050

The Vocational Adjustment Rating Scale-Indirect Form is an instrument designed to measure those traits or behaviors directly or tangentially related to work performance and vocational adjustment in potentially employable mentally retarded males. From an original pool of 400 items obtained from vocational performance rating scales, three judges reached 100 percent agreement on 127 items determined to reflect work competence criteria for mentally retarded employees. Item analyses identified the 90 items reaching statistical significance at the .01 level. From these 90 items, the items comprising the present scale were selected on the basis of 100 percent agreement by three professional psychologists according to whether the items reflected traits indirectly related to work performance and vocational adjustment. A total of 23 items were thus selected to comprise the present scale. Sample items from the scale are: "Has a domineering attitude"; "Is highly emotional"; "Is insubordinate at times"; "Is courteous"; "Is avoided by others"; "Meets others halfway." Items are rated by checking one of five response alternatives, ranging from "usually," to "don't know." The instrument may be equally applicable to female subjects with minor changes in wording. The instrument may be administered in conjunction with a similar instrument developed with the present scale and used to assess traits directly related to vocational adjustment. The present scale was demonstrated to have a high degree of concurrent validity to the extent that the five vocational trainees receiving the highest vocational adjustment scores, and the five receiving the lowest scale scores were given the highest and lowest qualitative appraisals by the training program's senior supervisor. Further information and copies of the scales may be obtained from the author.

WORK ADJUSTMENT RATING FORM

Work Adjustment Rating Form: A scale for measuring job-readiness behaviors. American Journal of Mental Deficiency.

Bitter, James A., & Bolanovich, D. J., Regional Rehabilitation Research Institute, University of Northern Colorado, Greeley, CO 80631

The Work Adjustment Rating Form (WARF) is an instrument designed to measure job readiness of retardates. The instrument is intended for use with the mentally retarded and is designed primarily for use by counselors and workshop foremen working with the mentally retarded to assess areas of workship strengths for purposes of training and to assess workshop adjustment progress. The WARF contains eight subscales, each having five items. The subscales included are: (a) Amount of supervision required; (b) Realism of job goals; (c) Teamwork; (d) Acceptance of rules/authority; (e) Work tolerance; (f) Perseverance in work; (g) Extent client seeks assistance; and (h) Importance attached to job training. Each of the subscales is represented by items describing five different levels of performance from "low" to "high." A sample item representing the high level end of performance on the amount of supervision required subscale is: "Client catches on easily and does his work with practically no supervision." The WARF can be completed in approximately five minutes. The items were selected a priori by the investigators on the basis of their own judgment. Reliability and validity data are available in the source document. A copy of the instrument is available from the first author.

THE WORK PREFERENCE SCHEDULE

Work deprivation as motivation to work. American Journal of Mental Deficiency. 73, 703-712, 1969.

Cleland, Charles C., & Swartz, Jon D., University of Texas, 204 Sutton, Austin, TX 78712

The Work Preference Schedule is an instrument designed to investigate the intrinsic appeal of work for mental retardates. Because one of the major concerns of treatment programs for the mentally retarded is vocational placement, the efficacy of work deprivation as a motivator to work was investigated by means of the present test. The Work Preference Schedule was devised to provide a means by which mentally retarded subjects could express a preference for work related activities over other nonwork or pleasure activities. The instrument consists of color photographs of all institutional work stations which use patient helpers and a 10-item pleasure schedule in questionnaire form. The color photographs of hospital work stations (depicting such sites as the kitchen, laundry room, etc.) and the pleasure questionnaire were employed to evaluate pre-experimental work station preferences, nonwork activity preferences, and dietary preferences. Thirty mentally retarded patients were used in a study designed to examine the effects of work deprivation. For the 15 subjects randomly assigned to the experimental group, information obtained by means of the Work Preference Schedule regarding food and play activity preferences was used to establish daily "hedonic" schedules incorporating only food and activity which were modally preferred. All work type responses (verbal and behavioral) were systematically eliminated by project aides. Pre-experimental and postexperimental assessments of the subject's work and nonwork preferences, his general psychological state, and his work attitudes were collected by means of the Work Preference Schedule, projective tests, and supervisor ratings of the patient's behavior. Information from the sources uniformly supported the hypothesis that the experimental treatment had positive effects on patients' work and interpersonal behavior. Further information and a copy of the instruments used in the study may be obtained from the author.

MENTAL STATUS AND LEVEL OF PSYCHOLOGICAL FUNCTIONING / ADULT

ADOLESCENT RESEARCH PROJECTS: FORM 1
Haverford, Haverford State Hospital, 1964.

Smith, Aaron, Haverford State Hospital, 3500 Darby Road, Haverford, PA 19041

The Adolescent Research Project Form 1 (ARP1) is a questionnaire designed to describe the pretreatment and treatment period of adolescent patients. This form is also used to abstract information from the hospital records of the adolescent patient, e.g., age, race, sex, religion, occupation, education, date of admissions, treatment given, psychotherapy sessions, etc. The ARP1 contains 62 questions which are ordered in a manner which permits the keypunching of the information into the computer. The instrument contains rating scales which describe the patient's global condition at the time of admission and discharge on three dimensions, psychiatric status, level of social interaction, and degree of antisocial behavior. The ARP1 is completed by the social worker, psychologist and psychiatrists at the hospital. This instrument is used in conjunction with the Adolescent Research Project Form 2 (ARP2) developed by the same author. The ARP2 is completed by the nursing staff. Additional information, validity and reliability data, and a copy of both instruments are available from the author.

AUTOMATED MENTAL STATUS EXAMINATION
The evolution of the mental status--past and future. American Journal of Psychiatry, 1970, 126(7), 997-1,002.

Donnelly, John, Rosenberg, Mervin, & Fleeson, William P., Institute of Living, 400 Washington Street, Hartford, CT 06106

The Automated Mental Status Examination, a title supplied by the abstractor, was developed at the Institute of Living to provide a computerized system of recording objective psychiatric observations that are both clinically accurate and conducive to statistical analysis and comparison. The manual for the Mental Status Examination is a modified version of the systematized format of Adolf Meyer. All material is broken down into nine categories: 1) Appearance; 2) Behavior, attitudes, and activities; 3) Historical information regarding physiological functions and initiative; 4) Mental activity, speech, and thought; 5) Cognitive functions; 6) Disorders of perception; 7) Affects, predominant and secondary; 8) Neurological deficits; and 9) Adaptive capacity. The psychiatric observer records his observations on a 3-point quantitative scale for more than 650 items in these nine categories using a cathode keyboard terminal to feed the information directly into a computer. He can turn back and forth, make corrections, and consult a glossary of terms. The Mental Satus Examination report is printed out from the computer. The system has been enthusiastically received by staff users. It offers unique opportunities for research use of the Mental Status Examination to test quantitatively the effects of different treatments. Copies of the instrument may be obtained by writing to R. Peter Ericson, Data Processing Center, Institute of Living, 400 Washington Street, Hartford, CT 06106.

FUNCTIONAL DISABILITY PROFORMA
Newcastle, England, University of Newcastle, 196[illegible].

Blessed, G., Tomlinson, B. E., & Roth, M.

Functional Disability Proforma is a psychological test and measuring device for dementia, used to relate psychological and pathological indices with the degenerative process. The test is divided into the following parts: "Cognitive faculties and memory," e.g., inability to perform household tasks, cope with small sums of money, find way about indoors, and so on; "Habits," e.g., inability to eat tidily, dress himself properly, or take care of excretory functions properly; "Personality," e.g., rigidity, egocentricity, inappropriate hilarity, inappropriate affect, and so on; "Drive," e.g., loss of interests, hobbies, drive, and purposeless hyperactivity. The interviewer gives the patient "1" or "0" points on most items with one half a point and two or three points being possible on some items. For more information see an article by the authors in The British Journal of Psychology, 1968, 114, 797-811. A copy of the instrument may be obtained from Martin Roth, Department of Psychological Medicine, University of Newcastle-Upon-Tyne, Royal Victoria Infirmary, Newcastle-Upon-Tyne 1, England.

FUNCTIONAL DISABILITY SURVEY
West Philadelphia Community Mental Health Consortium, 1971.

Schein, Lawrence, University of Pennsylvania, 4219 Chester Avenue, Philadelphia, PA 19104

The Functional Disability Survey is an instrument used to measure social dysfunction and functional disability, treatment needs, and service utilization. The instrument is intended for use with adult urban residents and is designed primarily for use together with several other instruments to provide a mental health and illness profile of residents in an urban catchment area. The survey contains 17 pages and consists of questions pertaining to health and dysfunction or disability and tables in which the respondent is asked to list the answers to corresponding questions. A sample item is: "Have you had any disability on any days of the past two weeks? If so, rate the percent disability with any number from 1 to 100. Zero would stand for no disability and 100 for complete disability." In Table II below, make a column of ratings, one for each affected day. The survey consists of eight items covering disability and health information pertaining to the last two weeks, the last year, and the rest of the respondent's lifetime. The survey was pretested on staff members of the West Philadelphia Community Mental Health Consortium. The instrument is self-administered. To date the major application of the survey has been in a large research project, mental health and illness in an urban catchment area, conducted in Philadelphia, PA. More information and a copy of the instrument is available from the author.

THE MEANS-ENDS PROBLEM-SOLVING PROCEDURE

The means-ends problem-solving procedure manual and tentative norms. Philadelphia, Hahneman Medical College and Hospital, 1971.

Platt, Jerome J., Spivack, George, & Bloom, Marsha, Research and Evaluation, Hahneman Medical Health Center, 314 North Broad Street, Philadelphia, PA 19102

The Means-Ends Problem-Solving Procedures (MEPS) is an instrument designed to assess an individual's ability to orient himself and conceptualize effective means for solving life problems. The MEPS was devised specifically for the purpose of investigating the relationship between effective problem-solving thinking and psychopathology. The MEPS procedure makes use of 10 story items portraying situations in which a need is aroused in the protagonist at the beginning of the story and is satisfied by him at the end of the story. Subjects are required to complete the story by filling in those events which might have occurred between the arousal and satisfaction of the protagonist's needs. Sample items used in the MEPS are: "One day Al saw a beautiful girl he had never seen before while eating in a restaurant. He was immediately attracted to her. The story ends when they get married. You begin when Al first notices the girl in the restaurant"; "Mr. P came home after shopping and found that he had lost his new watch. He was very upset about it. The story ends with Mr. P finding his watch and feeling good about it. You begin the story where Mr. P found that he had lost his watch." Other goals sampled by the MEPS are: "Becoming a leader"; "Regaining a girl (or boy) friend"; "Making new friends"; "Getting revenge"; "Getting along with the boss"; etc. There are female and male forms of the MEPS which are identical in content but vary with the sex of the protagonist. Subjects are instructed to write at least one paragraph for each completion. The protocols are scored according to an objective scoring system by which raters evaluated four aspects of the subjects' completions: 1) the number and kinds of means mentioned; 2) The number of enumerations given by the subjects in reaching the goal; 3) The number of obstacles which might prevent the attainment of the goal; 4) Any indication of the passage of a specific amount of time during the steps taken to reach the goal; and 5) The relevance of the means mentioned (a relevance score was obtained dividing the total number of relevant means given by each subject by the total number of relevant means, irrelevant means, and no means). The reliability coefficients computed between the total number of means (i.e., methods) assigned by two raters to nine subject protocols was .98. Interrater agreement in the placement of means (methods) into empirically developed content categories ranged from .77 to .95. It was found that significantly more relevant means mentioned by normals than by mental patients. Further information, related references, and copies of the MEPS stems may be found in the source document.

MENTAL HEALTH INDEX

Dependency, social isolation, and mental health in a disabled population. Social Psychiatry, 1970, 5(2), 92-95.

Ludwig, E. G., & Collette, John, Department of Sociology, State University College, Fredonia, NY 14063

The Mental Health Index is an instrument designed to measure variables related to personal adjustment. The instrument is intended for use with individuals for whom a mental health assessment is needed and is designed primarily for research on the relationship between physical and mental health. The Mental Health Index contains six items representing psychiatric symptoms, each of which is responded to with a rating on a 4-point scale. A sample item is: "I am easily irritated and annoyed." The instrument was developed through a study of 184[illegible] applicants for social security benefits to test an hypothesis that if high degrees of dependency and social isolation accompany physical limitation, they will augment the negative effects of physical disability on mental health. Reliability and validity of the Index were somewhat supported by the fact that subjects diagnosed as psychoneurotic in a previous study all fell in the poor mental health category in the Index study. The research results supported the hypothesis. The Mental Health Index is self-administered. To date the major application of the instrument has been in research. A copy of the instrument is available in the source document.

MENTAL HEALTH INDEX

Response biases in field studies of mental illness. American Sociological Review, 1970, 35(3), 503-515.

Phillips, Derek L., & Clancy, Kevin J., Universiteit Van Amsterdam, Sociologisch Instituut, afd. Methoden Technieken, Korte Spinhuissteeg 3, Amsterdam -C, Netherlands

The Mental Health Index (MHI) is a 22-item screening inventory of psychiatric symptoms. It consists of psychological, psychophysiological, and physiological indicators of mental disorder. It contains questions asking the respondent whether or not he is troubled by any of the 22 symptoms of distress. A sample of these 22 items is: "Do you feel somewhat apart or alone even among friends?"; "Do you have personal worries that get you down physically?"; "Do you ever have trouble in getting to sleep or staying asleep?" Depending on how many symptoms the respondent admits to, he is given a score from 0 to 22. A score of four or more is indicative of psychiatric impairment. In addition, the respondent is asked to rate each of the 22 items on a desirability scale ranging from "1," representing extremely undesirable, to "9," representing extremely desirable. The desirability scores for each of the 22 items are added together and divided by 22 to yield a mean score. This score represents the desirability score. The Mental Health Index can be self-administered or used as an interview schedule. It takes about 17 minutes to complete. The MHI is appropriate for both males and females. Additional information and a copy of the instrument are available from the first author.

MENTAL HEALTH INVENTORY
Flint, MI, General Motors Institute, 1967.

Kubany, Albert J., Director of Counseling, General Motors Institute, Flint, MI 48502

The Mental Health Inventory is designed to help the individual relate his life experiences to the many ordinary thoughts and feelings comprising positive mental health functioning, and to realize a fuller potential. The definition of mental health functioning behind the questions in the inventory is based on the following theoretical viewpoints: 1) Self-actualization according to Maslow and Rogers; 2) Humanistic psychology and authenticity described by Severin and Bugental; 3) Directive ratio-emotive therapy as described by Ellis; 4) Openness of the human relations sensitivity laboratories as described by Schien and Bennis; 5) Existential frame of reference as described by May and Maslow; and 6) General semantics non-Aristotelian orientation as described by Johnson. The factor analytic or trait approach has been avoided in favor of a "unitary" concept of mental health. The inventory consists of 133 statements. The respondent rates each statement on a 4-point scale ranging from "strongly agree" to "strongly disagree" with no neutral rating provided. Some sample items are: "I have a rather low regard for myself"; "I wish I were understood better by those close to me"; "My moods vary widely without good cause." In the scoring, items were weighted according to the strength of response, with "strongly agree" or "disagree" answers weighted "2" and "mildly agree" or "disagree" answers weighted "1," according to the positive mental health orientation. A high score indicates positive mental health functioning. Split-half reliability, corrected by the Spearman-Brown formula, yielded an odd-even, overall reliability coefficient of .90. Validity data were obtained through use of the last inventory item asking the respondent to self-rate the seriousness of his personal problems compared to that of his peers. The inventory discriminated significantly between three self-defined mental health categories. More information and a copy of the instrument are available from the author.

MENTAL STATUS EXAMINATION CHECKLIST
Standard system of psychiatry. Abbreviated edition, St. Louis, University of Missouri, School of Medicine, 1972.

Sletten, Ivan W., Vlett, George A., & Hedlund, James C., 5400 Arsenal Street, St. Louis, MO 63139

The Mental Status Examination Checklist is an instrument designed to obtain a comprehensive description of the recently admitted psychiatric patient's current mental state. The checklist is designed primarily for use in a hospital computerized clinical information system which permits storage of patient information data and correlation of the data with clinical process and outcome variables. The checklist is a single page form which contains 11 general areas of mental functioning, e.g., thought content, mood and affect, insight and judgement. For each major heading, the examining physician may score behavior as normal if appropriate. If behavior is not seen as normal, the examiner proceeds to the subheading items which characterize the abnormality. The examiner checks each item in terms both of presence in behavior of patient and, if present, severity (on a [illegible]-point scale). Sample subheading items are: "Suicidal thoughts"; "Labile mood"; "Sexual preoccupation." The instrument is completed by the responsible physician and allows space for narrative comment. The checklist can be completed more quickly than a conventional mental status report. The checklist data are keypunched and are therefore retrievable for multiple purposes. The checklist was empirically developed and is continually revised as additional predictive validity of items is obtained. To date, the major application of the instrument has been in computer generated diagnosis programs at the University of Missouri School of Medicine. A copy of the instrument is available in the source document.

MENTAL STATUS EXAMINATION RECORD
New York State Department of Mental Hygiene, 1969.

Spitzer, Robert L., & Endicott, Jean, Biometrics Research, New York State Department of Mental Hygiene, 722 West One hundred sixty-eighth Street, New York, NY 10032

The Mental Status Examination Record (MSER) is one of six forms recording psychiatric status and history suitable for use in an automated record keeping system. The other five forms are Problem Appraisal Scales, Psychiatric Diagnosis Recording Form, Periodic Evaluation Record, Periodic Evaluation Record-Community Version, and Psychiatric Anamnestic Record. These forms are being used in the Multistate Information System for Psychiatric Patients Project. The project involves hospitals and community mental health centers in seven northeastern states. Information from these forms is fed into the computer system which produces a computer generated narrative that becomes part of the patient's record. All of these forms are 8 1/2" by 11" documents that are designed for data processing by an IBM 1230 series optical reader. The MSER is a four-page form designed to enable a rater to record the results of a mental status examination. It covers attitude toward rater, general attitude and behavior, mood and affect, quality and content of speech and thought, somatic functioning and concern, perception, sensorium, cognitive functions, judgment, potential for suicide or violence, insight and attitude toward illness, overall severity of illness, and change in condition during the past week. More information and a copy of the instrument may be obtained from the first author.

MENTAL STATUS SCHEDULE

New York State Department of Mental Hygiene, 1964.

Spitzer, Robert L., Burdock, Eugene, & Harderty, Anne S., Biometrics Research, New York State Department of Mental Hygiene, 722 West One hundred sixty-eighth Street, New Yor, NY 10032

The Mental Status Schedule (MSS) is designed to improve the research value of clinical judgments of psychopathology based on data from a psychiatric interview. It focuses upon signs and symptoms associated with neurotic, psychotic, and organic brain disorders. The MSS consists of an interview schedule and a 248-item inventory. Each item in the inventory described a small unit of observable, pathological behavior which the interviewer marks as present or absent after eliciting information about the subject's functioning during the past week. The interview schedule is a series of questions and statements for eliciting information meant to reduce inconsistency and oversight due to variability in interviewing procedures. Some sample items are: "Indicates he is fearful of losing his mind or losing control over his emotions"; "Mentions he feels people take advantage of him or push him around"; "Admits to homosexual desires or acts." Indicates he experiences auditory perceptions in the absence of identifiable external stimulation. The MSS is intended primarily for use with psychiatric patients although it also can be used with nonpatients. A general reference for the MSS is Spitzer, Robert L., Fleiss, Joseph L., Endicott, Jean, & Cohen, Jacob. Mental status schedule: Properties of factor analytically derived scales. Archives of General Psychiatry, 1967, 16, 479-493. A revised scoring system, reliability and validity data, and norms are available in this article. A copy of the instrument and more information are available from the author.

PERIODIC EVALUATION FORM, COMMUNITY VERSION

New York State Department of Mental Hygiene, 1969.

Spitzer, Robert L., & Endicott, Jean, Biometrics Research, New York State Department of Mental Hygiene, 722 West One hundred sixty-eighth Street, New York, NY 10032

The Periodic Evaluation Record, Community Version (PER-C) is one of six forms for recording psychiatric status and and history suitable for use in an automated record keeping system. The other five forms are Problem Appraisal Scales, Psychiatric Diagnosis Recording Form, Anamnestic Record, Mental Status Examination Record, and Periodic Evaluation Record. These forms are being used in the Multistate Information System for Psychiatric Patients Project. The project involves hospitals and community mental health centers in seven northeastern states. Information from these forms is fed into the computer system which produces a computer generated narrative that becomes part of the patient's record. All of these forms are 8 1/2" by 11" documents that are designed to enable a rater to give a brief evaluation of a patient's condition and functioning during the past week. In most instances it will be used to record that portion of the tradtitional progress note which deals with current status, symptoms, and functioning. Most of the items on the PER-C also appear on the Mental Status Examination Record. The Per-C differs from the PER principally in that it contains some questions, e.g., on sexual adjustment, that are suitable for persons living in the community and leaves out others unsuitable for people living in an institutional setting. More information and a copy of the instrument may be obtained from the first author.

PERIODIC EVALUATION RECORD

New York State Department of Mental Hygiene, 1969.

Spitzer, Robert L., & Endicott, Jean, Biometrics Research, New York State Department of Mental Hygiene, 722 West One hundred sixty-eighth Street, New York, NY 10032

The Periodic Evaluation Record (PER) is one of six forms for recording psychiatric status and history suitable for use in an automated record keeping system. The other six forms are Problem Appraisal Scales, Psychiatric Diagnosis Recording Form, Mental Status Examination Record-Community Version, and Psychiatric Anamnestic Record. These forms are being used in the Multistate Information System for Psychiatric Patients Project. The project involves hospitals and community mental health centers in seven northeastern states. Information from these forms is fed into the computer system which produces a computer generated narrative that becomes part of the patient's record. All of these forms are 8 1/2" by 11" documents that are designed for data processing by an IBM 1230 series optical reader. The PER is a one-page form designed to enable a rater to give a brief evaluation of a patient's condition and functioning during the past week. In most instances it will be used to record that portion of the traditional progress note which deals with current status, symptoms, and functioning. This form is for individuals living in an institutional setting. Most of the items on the PER also appear on the Mental Status Examination Record (MSER). The PER has an alternate version designed for people living in the community. More information and a copy of the instrument may be obtained from the first author.

PICA AND/OR LEAD POISONING FOLLOW-UP QUESTIONNAIRE
Washington, DC, Children's Hospital, 1971.

Millican, Frances K., 5100 Acacia Avenue, Bethesda, MD 20014

The Pica and/or Lead Poisoning Follow-up Questionnaire is an instrument designed to organize data from the Pica Research Project Study, an investigation devoted to a follow-up of children who had pica and/or lead poisoning 10 to 19 years previously. Information for the questionnaire was obtained from social workers' interviews with parents, psychiatric interviews with subjects and psychological test data. Sample item content includes such areas as: "School performance"; "Problems"; "Attendance and behavior"; "IQ score"; "Bender-Gestalt score"; "Drug usage"; "Physical history"; "Dependence and aggression"; "Sex identification"; "Anxieties"; "Special symptom reactions"; "Sexual behavior"; "Orality"; "Parent history" (drug usage, alcoholism); "Major separation from mother"; "Family structure and dynamics"; "Rorschach results"; and "TAT results." Ratings were based on a consensus between the psychiatrist and psychologist for psychometric and personality data. Results were coded for transfer to IBM punch cards. Copies of the coding form are available from the author.

PRESENT STATE EXAMINATION
Reliability of a procedure for measuring and classifying present psychiatric state. British Journal of Psychiatry, 1967, 113, 499-515.

Wing, J. K., no address

The Present State Examination is an instrument developed by J. K. Wing and his colleagues at the MRC Social Psychiatry Unit, Institute of Psychiatry, London. The eighth revision of this instrument was modified to make it applicable in all of the vastly different sociocultural conditions in which the IPSS took place. The IPSS is a cross-cultural investigation carried out in nine countries, and its aims were to establish whether comparable cases of schizophrenia and other functional psychoses can be identified, in a reliable way, in different cultures of the world. The PSE is a semi-standardized procedure; it is a guide to structuring a clinical interview with psychiatric patients. It allows the recording of presence and intensity of psychiatric symptoms and characteristics of patients' behavior. The interview and rating procedure requires 45 to 90 minutes for completion. Although it provides for a structured interview, the PSE can be administered in a flexible, clinical manner, according to the clinical style of the interviewer and the necessity of the clinical situation. Basically the schedule is a list of items to be observed and asked about which systematically covers all of the phenomena likely to be considered during a comprehensive examination of a patient's current mental state. It has 17 sections: "Exploratory part"; "Interests"; "Concentration"; "Somatic symptoms"; "Irritability and relationship with others"; "Slowed functioning"; "Depressive mood"; "Anxiety and tension"; "Elated mood"; "Obsessional and compulsive symptoms"; "Anomalies of perception" (including hallucinations); "Disorders of thought" (including delusions); "Insight"; "Behavior during interview"; "Behavior expression of affect"; "Disorders of speech"; "Overall assessment of quality of interview." An instruction manual for the use of the schedule is in preparation. Discussion of the instrument may be found in: Wing, J. K., et al. Reliability of a procedure for measuring and classifying present psychiatric state. British Journal of Psychiatry, 1967, 113, 499-515; World Health Organization, (1973), Report of the International Pilot Study of Schizophrenia, Vol. 1, WHO, Geneva, Switzerland. A copy of the instrument may be obtained from the author.

PROBLEM APPRAISAL SCALES
New York State Department of Mental Hygiene, 1969.

Spitzer, Robert L., & Endicott, Jean, Biometrics Research, New York State Department of Mental Hygiene, 722 West One hundred and sixty-eighth Street, New York, NY 10032

The Problem Appraisal Scales (PAS) comprise one of six forms for recording psychiatric status and history suitable for use in an automated record keeping system. The five forms are Psychiatric Diagnosis Recording Form, Mental Status Examination Record, Periodic Evaluation Record, Periodic Evaluation Record--Hospital Community Version, and Psychiatric Anamnestic Record. These forms are being used in the Multistate Information System for Psychiatric Patients Project. This project involves hospitals and community mental health centers in seven northeastern states. Information from these forms is fed into the computer system which produces a computer generated narrative that becomes part of the patient's record. All of these forms are 8 1/2" by 11" documents that are designed for data processing by an IBM 1230 series optical reader. The Problem Appraisal Scales (PAS) is a one-page form designed to substitute for that portion of the traditional admission note which describes presenting problems or psychopathology. The form provides for scaled judgments on 38 areas of disturbance often associated with the need for some kind of psychiatric treatment. The areas of disturbance are divided into physical function (six scales), intellectual development (one scale), social relations (four scales), social performance (three scales), and other signs and symptoms (24 scales). More information and a copy of the instrument may be obtained from the first author.

PSYCHIATRIC DIAGNOSIS RECORDING FORM
New York State Department of Mental Hygiene, 1969.

Spitzer, Robert L., & Endicott, Jean, Biometrics Research, New York State Department of Mental Hygiene, 722 West One hundred sixty-eighth Street, New York, NY 10032

The Psychiatric Diagnosis Recording Form (PDRF) is one of six forms for recording psychiatric status and history suitable for use in an automated record keeping system. The other five forms are: Problem Appraisal Scales, Mental Status Examination Record, Periodic Evaluation Record, Periodic Evaluation Record-Community Version, and Psychiatric Anamnestic Record. These forms are being used in the Multistate Information System for Psychiatric Patients Project. The project involves hospitals and community mental health centers in seven northeastern states. Information from these forms is fed into the computer system which produces a computer generated narrative that becomes part of the patient's record. All of these forms are 8 1/2" by 11" documents that are designed for data processing by an IBM 1230 series optical reader. The PDRF is a one-page form designed to permit the recording of one, two, or three psychiatric diagnoses, including qualifying phrases. The form lists all of the diagnoses and qualifying phrases in the new American Psychiatric Association nomenclature. A transaction code permits the rater to indicate that the diagnoses are either provisional, admission diagnoses, reevaluations, or the final official diagnoses for the entire admission. More information and a copy of the instrument may be obtained from the first author.

PSYCHIATRIC EVALUATION FORM
New York State Department of Mental Hygiene, 1968.

Spitzer, Robert L., Endicott, Jean, Mesnikoff, Alvin M., & Cohen, George M., Biometrics Research, New York State Department of Mental Hygiene, 722 West One hundred and sixty-eighth Street, New York, NY 10032

The Psychiatric Evaluation Form (PEF) is a rating scale designed for recording scaled judgments of a subject's functioning during a one week period. The information necessary to complete the form is gathered in an interview according to an interview guide. The information may usually be obtained in 20 to 40 minutes. The PEF consists of three major types of scales, psychopathology scales, roles impairment scales, and summary scales. The psychopathology scales contain 19 subscales, some of which are hallucinations, disorientation-memory, depression, social isolation, alcohol abuse, and suspicion-persecution. Factor analytic evidence indicates that the dimensions of the psychopathology scales are relatively independent and together explain a large portion of the variance of manifest psychopathology. The role impairment scales are composed of five subscales rated according to how the subject has functioned in various occupational roles during the last week. Some of the roles are wage earner role, student trainee role, mate role. The subject is rated on each subscale for both intensity and duration on a 6-point scale ranging from none to severe. The summary scales were formed to provide a scoring system which further summarizes the data. Factor analysis was applied to the correlations among the 19 psychopathology scales to obtain six rotated factors. Summary symptom scales for five of the six factors are calculated by averaging the ratings on the component individual psychopathology scales that have their highest loadings on that factor. The interjudge reliabilities vary among scales; concurrent validity, and correlations with other measures are available. A general reference for the PEF: Endicott, Jean, & Spitzer, Robert L. What! Another rating scale? The psychiatric evaluation form. *Journal of Nervous and Mental Disease*, 1972, 154, 88-104. A copy of the instrument is available from the first author.

PSYCHIATRIC STATUS: DEGREE OF IMPAIRMENT
Philadelphia, Philadelphia State Hospital.

Weinman, Bernard, Behavioral Science Clinical Research Center, Philadelphia State Hospital, 14000 Roosevelt Boulevard, Philadelphia, PA 19114

The Psychiatric Status: Degree of Impairment scale is designed to measure the extent to which psychiatric illness impairs the patient's ability to carry out basic everyday responsibilities. Patients are rated along a continuous scale marked off by five behavioral descriptions of symptomatology which differentiate levels of psychiatric status. The behavioral descriptions range from "Behavior is well-organized and generally effective"; "Ability to function not significantly impaired" to "ability to function is severely impaired"; "unable to act effectively in own behalf"; "Basic responsibility for welfare must be assumed by others." Some suggested criteria for rating are: 1) Assume complete responsibility for personal hygiene, 2) Manage money and/or personal property in a responsible manner, 3) Establish and maintain adequate functional relationships, e.g., agency personnel, work supervisor, hospital attendant, etc. Scores are derived by dividing the scale into 15 equal intervals and assigning the number of the interval to whatever rating marks appear within that interval. More information and a copy of the instrument may be obtained from the author.

PSYCHIATRIC STATUS SCHEDULE

New York State Department of Mental Hygiene, 1968.

Spitzer, Robert L., Endicott, Jean, & Cohen, George M., Biometrics Research, New York State Department of Mental Hygiene, 722 West One hundred and sixty-eighth Street, New York, NY 10032

The Psychiatric Status Schedule (PSS) is designed to improve the research value of clinical judgments of psychopathology and role functioning. Data for filling out the schedule are obtained through a psychiatric interview with the subject. The PSS contains some sections detecting the usual signs and symptoms of mental disorder which were taken from the Mental Status Schedule by the same authors. It also has sections evaluating a) Impairment in formal role functioning; b)Impairment in the efficiency and conduct of leisure time activities and daily routine; c) Impairment in interpersonal relationships; and 4) The use of drugs and alcohol, and illegal or other antisocial activity. The PSS booklet contains both a standardized interview schedule and a matching inventory of 321 precoded items. Most of the items are in the form of brief, nontechnical descriptions of small units of overt behavior. The subjects is judged for each symptom on the basis of his behavior over the last week (or the past month for items dealing with role functioning and use of alcohol and/or drugs). Some sample items are: "Accuses himself of being unworthy, sinful or evil"; "Mentions he feels distant or isolated from people"; "Admits he keeps getting impulses to commit some illegal act." Individuals who have not had a great deal of clinical experience can be trained to administer the PSS effectively. Scoring is accomplished during administration. The entire evaluation takes from 30 to 50 minutes. More information concerning the scales and their scoring, internal consistency, interjudge reliability, test-retest reliability and concurrent validity is available in Spitzer, Robert L., Endicott, Jean, Fleiss, Joseph L., & Cohen, Jacob. The psychiatric schedule: A technique for evaluating psychopathology and impairment in role function. Archives of General Psychiatry, 1970, 23, 41-55. A copy of the instrument is available from the author.

PSYCHOLOGICAL ADJUSTMENT SCALE

Institute, WV, West Virginia State College, 1968.

Crawford, Paul L., Box 14, West Virginia State College, Institute, WV 25112

The Psychological Adjustment Scale (PAS) is an instrument designed to measure behavioral indices of personality adjustment. The instrument is intended for use with psychiatric patients and is primarily designed to measure psychological maladjustment in order to effectively meet diagnostic and treatment plans. The PAS contains 25 behavioral statements which focus on responsibility, environmental variables, interpersonal relationships, perception, personality characteristics, and physiological states. The statements are rated in terms of "adequate" to "inadequate," on a 5-point scale. A sample item is: "Interpersonal relations," ranges from "evidence of social acceptance, friendly relations with others," etc., to "total social unacceptance with no friends." The instrument was developed through research of psychiatric and psychological literature and interview guides. The instrument is rated by a trained diagnostician. Reliability scores were .93 for internal consistency and .32 for single items. Interjudge reliability was .59. The PAS has obtained estimated reliability of .65. Normative data are available from the author, as well as factor analysis results. To date, the major application of the instrument has been with psychiatric patients in a VA hospital. The instrument will be published in 1973 in the Psychological Service Journal or a copy is available from the author.

PSYCHOLOGICAL TEST PROFORMA

Newcastle, England, University of Newcastle, 1968.

Blessed, G., Tomlinson, B. E., & Roth, M., no address for the first author

The Psychological Test Proforma is a psychological test and measuring device for dementia used to relate psychological and pathological indices with the degenerative process. The test is divided into three parts: "Orientation Test," "Memory Test," and "Concentration Test." In the Orientation Test, the subject is asked to give such items of information as name, age, time of day, date, place, and identity of certain designated persons. In the Memory Test, he is asked to give such information as date and place of birth, schools attended, names of places worked and employers, historical dates, and he is given a name and address he must remember for five minutes. In the Concentration Test, he is asked to give the months of the year backwards and to count from 1 to 20 forward and backward. The interviewer records the subject's response on the test sheet itself, giving him "0" to "1" point for most items but other possible scores for a few items. For more information see an article by the authors in The British Journal of Psychology, 1968, 114, 797-811. A copy of the instrument may be obtained from Martin Roth, Department of Psychological Medicine, University of Newcastle-Upon-Tyne, Royal Victoria Infirmary, Newcastle-Upon-Tyne 1, England.

RECREATION PARTICIPATION RATING SCALE

Downey, IL, Veterans Administration Hospital, 1972,

De Wolfe, Alan S., Barrell, Robert P., Heinlen, Francis W., & Degaard, John G., Psychology Research Laboratory (183A), Veterans Administration Hospital, Downey, IL 60064

The Recreation Participation Rating Scales is an instrument designed to assess patient's participation in recreational activities. The instrument consists of two scales, one for social hour participation, and a parallel form for card games and other small group activities. Each scale contains five schedules: a) Spontaneity; b) Response; c) Degree of participation; d) Time in activity; and e) Animation. The clinician rates the patient using a 4-point scale which varies from subscale to subscale. Thus, one patient is rated on spontaneity, response, amount of participation, time in activity, and animation for social hour activity, and again on the same variables for his participation in card games and other small groups. Inter-judge reliabilities of the subscales were all about .90 in both a pilot study and in the main study data. A copy of the instrument and further information about it are available from Robert P. Barrell, Psychology Research Laboratory, Veterans Administration Hospital, Downey, IL 60064.

S-FORM

Zagreb, Yugoslavia, Institute of Public Health of Croatia, 1966-67.

Kulcar, Zivko, Crocetti, Guido M., Lemkau, Paul V., & Kesic, B., Institute of Public Health of Croatia, Division of Chronic Diseases, Zagreb, Yugoslavia

The S-Form was devised to assess the magnitude of the reservoir of psychotics that exist in any community and are unknown to medical sources. The assessment would be valuable in correcting hospital and medical statistics on the frequency of psychosis which would be in error because of different methods of recognizing mental illness. The instrument is administered in interviews to elicit information about the mental health of the respondent and other members of the household. It was originally constructed for a study investigating psychosis in Croatia, described in Crocetti, G. M., Lemkau, P. V., Kulcar, Z., & Kesic, B. Selected aspects of the epidemiology of psychoses in Croatia, Yugoslavia. *American Journal of Epidemiology*, 1971, 94(2), 112-134. The S-Form consists of 18 items, most of which are subdivided into several parts. The items are concerned with the following areas: "Somatic disturbances"; "Mental health"; "Sleep disturbances"; and various functional difficulties that could be of psychiatric origin. Administration time varies but is usually less than a hour. Validity and reliability data are cited in the above reference. Copies of the form and manual are available from Paul Lemkau, School of Hygiene and Public Health, Johns Hopkins University, Baltimore, MD 21205.

THE SOCIAL ADJUSTMENT SCALE

The social role performance of depressed women: Comparisons with a normal group. *American Journal of Orthopsychiatry*, 1971, 4(3), 390-405.

Weissman, Myrna M., Paykel, E. S., Siegel, R., & Klerman, G. L., no address for the first author

The Social Adjustment Scale (SAS) is an instrument designed to measure level of social functioning in depressed patients. The SAS taps level of functioning in six role areas: 1) Work; 2) Social and leisure; 3) Extended family; 4) Marital (as spouse); 5) Parental; 6) Nuclear or marital family unit. Within each of these role areas, level of functioning is assessed using three separate indicators: 1) General performance; 2) Interpersonal behavior; 3) Feelings and satisfactions. SAS items measure level of functioning in these three aspects role behavior as follows: 1) Performance is measured in terms of the time lost from performance of activities defining each of the six roles, as well as level of impairment in performing role activities; 2) Interpersonal behavior is measured in terms of the degree to which friction and distress are exhibited (work role), friction and reticence are exhibited (marital role), lack of involvement and impaired communication are present (parental and nuclear family role), friction, reticence, and withdrawal are exhibited (extended family role), friction, reticence, hypersensitive behavior, and social discomfort are shown (social role); 3) Feelings and satisfactions are measured by the degree to which disinterest and friction are present (work role), domineering behavior, dependency-submission, lack of affection are present (marital role), friction and lack of affection are present (parental role), guilt, worry, resentment are present (nuclear family role), dependency, rebellion, guilt, worry, and resentment are present (extended family role), loneliness, boredom, disinterest in dating are present (social role, single subjects). The SAS consists of 48 items, 42 of which tap these specific aspects of role functioning, and six of which contain five global judgments of adjustment level in the six role areas, plus a final item consisting of an overall evaluation of social adjustment. Sample items from the SAS are: "How many days in the past two months have you been unable to carry out your usual household tasks?"; "Have you tended to quarrel and annoy people you've come in contact with in your work?"; "Have you been able to talk about your feelings and problems with members of your extended family these past two months?" Specific SAS items are mainly rated in terms of 5-point scales with higher scores indicating more impairment. Global items were rated in terms of similar 7-point scales. The SAS is administered in a semistructured interview requiring from 60 to 90 minutes for completion. Independent ratings made by two trained interviewers demonstrated a mean interrater correlation coefficient of .80. Further information regarding the data collected using the SAS may be found in the source document, as well as in Paykel, E. S., Weissman, M., Prupoff, B. A., & Tonks, C. M. Dimensions of social adjustment in depressed women. *Journal of Nervous and Mental Disease*, 1971, 152, 158-172. A copy of the scale may be obtained from G. L. Klerman, Massachusetts General Hospital, Fruit Street, Bostin, MA 02114.

SOCIAL BREAKDOWN SYNDROME INTERVIEW

Measurement of the incidence of chronic severe social breakdown syndrome: Has the Dutchess County Service been associated with a decline in incidence? Milbank Memorial Fund Quarterly, 1966, 44(1), 129-149.

Gruenberg, Ernest M., Psychiatric Epidemiology Unit, Hudson River State Hospital, Poughkeepsie, NY 12601

The Social Breakdown Syndrome Interview is an instrument designed to identify cases of severe social disability associated with mental disorders. The instrument is intended for use with persons either in treatment for mental illness or who have a history of psychiatric treatment. It can be used in an institutional setting as well as in the community. The instrument is a nonschedule standardized precoded interview by a trained interviewer who interviews the patient or a reliable informant. Thirteen areas are investigated: "Productive work"; "Hobbies"; "Recreation"; "Reading"; "Writing"; "Length of time during which supervision is enforced on the patient"; "Poor self-care"; "Mutism"; "Aggressivity"; and "Self-harm." Coding varies with the type of questions asked. The instrument requires approximately 20 minutes to complete. The instrument was developed through six pretest surveys conducted in Dutchess County and was used in two major studies. It can be used to screen a population for current presence of social breakdown syndrome by a set of rules which produces "troublesome" and "function" scores which can be added to determine social breakdown syndrome severity. Copies of the instrument are available only to persons being trained in its use.

THE SOCIAL COMPETENCE ATTITUDE INVENTORY

The social competence of middle-aged people. Genetic Psychology Monographs, 1957, 56, 297-375.

Havighurst, Robert J., Department of Education, University of Chicago, 5835 Kimbark Avenue, Chicago, IL 60637

The Social Competence Attitude Inventory was developed as part of a study aimed at investigating the life style and level of social functioning of persons 40 to 70 years of age. Level of social functioning was measured by determining respondents' social competence in nine social roles considered to encompass 90 percent of all adult behavior. These roles are: "Parent"; "Spouse"; "Homemaker"; "Worker"; "User of leisure time"; "Friend"; "Citizen"; "Member of clubs and associations"; "Church member." The Social Competence Attitude Inventory was administered as part of an interview procedure intended to provide information about respondent's actual attitudes and behaviors which could be related to their social competence scores. The Attitude Inventory was specifically administered to respondents as a self-report measure of self-satisfaction or personal adjustment in various areas related to successful social functioning in the roles under investigation. The areas sampled by the attitude inventory are: "Health"; "Family"; "Friends"; "Associations"; "Work"; "Economic security"; "Home"; "Happiness." Under each heading are four statements expressing levels of adjustment ranging from complete adjustment to complete maladjustment. The subject is asked to agree or disagree with every statement. If he agrees with two statements that reflect different levels of adjustment in an area, the subject is given the score of the most positive statement he endorses. Sample items from the work area are: "I am discouraged and dissatisfied with my work"; "I think I am doing the best work of my life." An administration of the scale to 234 men and women revealed a relationship between high competence scores in several social roles and high personal adjustment scores. A recent revision of the instrument is reproduced in the appendix to the following publication: Havighurst, R. J., Munnichs, J. P., Neugarten, B. L., & Thomae, H. Adjustment to retirement: A cross-national study of retirement. New York: Humanities Press, 1970. Further information and a copy of the scales may be obtained from the author.

SOCIAL COMPETENCE INTERVIEW SCHEDULE

The social competence of middle-aged people. Genetic Psychology Monographs, 1957, 56, 297-375.

Havighurst, Robert J., Department of Education, University of Chicago, 5835 Kimbark Avenue, Chicago, IL 60637

The Social Competence Interview Schedule was developed as part of a study aimed at investigating the life style and level of social functioning of persons 40 to 70 years of age. Level of social functioning was measured by determining respondents' competence or success in nine social roles considered to encompass 90 percent of all adult behavior. These roles are: "Parent"; "Spouse"; "Homemaker"; "Worker"; "User of leisure time"; "Friend"; "Citizen"; "Member of clubs and associations"; "Church member." For each role, the author has developed criteria describing attitudes and behaviors indicative of various levels of social competence. The purpose of the interview is to elicit information from respondents on what each person does in the performance of his various social roles, how much energy he invests in these roles, and how he feels about himself in the various roles. Attitudes and behaviors of respondents assessed by means of the interview are compared with the criteria of competence devised for each role and each person is assigned a social competence score ranging from high to low for each of the nine social roles. The interview consists of 139 open-ended interview questions. There is a separate interview section for each of the nine social roles. Sample items from the interview are: "What kind of job would you like to have?"; "Are you interested in politics?" The interview requires about two hours and is rated according to role criteria by trained judges. The interview and role competence rating scales were administered to a sample of 234 men and women. Role competence was observed to correlate with social class and with measures of self-satisfaction and role motivation. A recent revision of the instrument is reproduced in the appendix to the following publication: Havighurst, R. J., Munnichs, J. P., Neugarten, B. L., & Thomae, H. Adjustment to retirement: A cross-national study of retirement. New York: Humanities Press, 1970. Further information and a copy of the scales may be obtained from the author.

A SOCIAL DYSFUNCTION RATING SCALE

Journal of Psychiatric Research, 1969, 6, 299-306.

Linn, Margaret W., Sculthorpe, William B., Evje, Margaret, Slater, Phillip H., & Goodman, Spencer, P., Veterans Administration Hospital, 1201 N. W. Sixteenth Street, Miami, FL 33125

The Social Dysfunction Rating Scale (SDRS) is an interview schedule designed to assess the dysfunctional aspects of adjustment in three major areas: the self system, the interpersonal system, and the performance system. The present version of the SDRS contains 21 items to be rated on a 6-point ordered category rating scale. Each item represents a relatively discrete area as identified by previous research. Items calls for a combination of subjective and objective evaluations involving the rater's opinion and the subject's own self-evaluation. Sample items include: "Low self-concept"; "Hostility"; "Anxiety"; "Lack of Leisure time activities"; and "Financial insecurity." A somewhat standard interview is suggested for use with the SDRS and an outline is available from the author. Administration time takes approximately 30-45 minutes. Independent ratings were made by two raters on a sample of 40 subjects. Item reliabilities ranged from .86 to .54. Total score reliability was assessed by seven raters independently rating 40 schizophrenic patients. Using Kendall's W Rank Order Correlation a W equal to .91 was obtained. Validity information was obtained in a study of 80 psychiatric and nonpsychiatric outpatients. Using the SDRS, 92% of the sample was correctly classified. A product-moment correlation coefficient of .89 was found between total SDRS scores and global judgments of levels of adjustment made by social workers. A factor analysis of the SDRS led to the identification of five factors: "Apathetic-detachment"; "Dissatisfaction"; "Hostility"; "Health-finance concern"; and "Manipulative-dependency." Major applications of the instrument, to date, have been with psychiatric patients, alcoholics, and with a normal aging population. Development of an adaptation of the scale to first-person format is currently underway. A copy of the instrument is available in the source document.

SOCIAL FUNCTIONING CHECKLIST

Standard system of psychiatry. Abbreviated edition, St. Louis, University of Missouri School of Medicine, 1972.

Sletten, Ivan W., Vlett, George A., & Hedlund, James C., 5400 Arsenal Street, St. Louis, MO 63139

The Social Functioning Checklist is an instrument designed to measure an individual's relationship to his community and adequacy of functioning in his social environment. The instrument is intended for use with psychiatric patients and is aimed at facilitating the patient's eventual return to the community. The checklist is a coded, machine readible form, and is designed primarily for a hospital computerized clinical information system which permits correlating individual patient characteristics with treatment and outcome variables. The checklist is divided into three general sections (interpersonal relations, employment and social functioning, and environmental factors). Under each general section, subheadings are presented followed by a list of possible descriptions to be checked when applicable. The instrument contains 13 subheadings. A sample item is: "Recent problems at work" (checklist items, e.g., with boss, with coworkers, no promotion, absenteeism, etc.). The instrument was developed on the basis of the conventional social history factors recorded for psychiatric patients but focuses on stresses leading to hospitalization and resources available needed to aid the patient in returning to the community. The Social Functioning Checklist is completed by the case social worker and is computer scored. Correlations of social functioning with diagnosis, treatment, and outcome variables are available from the computer files. The major application of the instrument has been in a computer data base within the Missouri Division of Mental Health.

THE STRUCTURED AND SCALED INTERVIEW TO ASSESS MALADJUSTMENT

The structured and scaled interview to assess maladjustment: I. description, rationale, and develcpment. Archives of General Psychiatry, 1972, 27, 259-264.

Gurland, Barry J., Yorkston, N. J., Stone, A. R., Frank, J. D., & Fleiss, J. L., Biometrics Research, New York State Department of Mental Hygiene, 722 West One hundred sixty-eighth Street, New York, NY 19932

The Structured and Scaled Interview to Assess Maladjustment (SSIAM) is an instrument designed to measure social maladjustment within five fields: "Work"; "Social"; "Family"; "Marriage"; and "Sex." The instrument is intended for use by clinical interviewers and is designed primarily to provide a standardized assessment of an outpatient's ineffective performance in the roles and tasks to which the individual has been socialized. The instrument includes assessment of problems of objective behavior in a given social context and of subjective reactions in that context. The instrument contains 60 items rated on an 11-point scale by the interviewer. The first 45 items assess "deviant behavior," "friction with others," and "subjective distress" within each of the five fields of maladjustment. Of the remaining 15 items, five items assess the interviewer's subjective rating of the degree of environmental stress present in each of the five fields of functioning, and 10 items cover prognostic issues and aspects of positive mental health. A sample item is: "Do you feel upset or uncomfortable or worried at work for any reason?" The interviewer rates the response on an 11-point scale with five specific anchoring points (e.g., definite distress in some work situations), four midpoints between anchoring points, and two endpoints. A detailed 14-page manual including instructions for administering and scoring is available. The instrument is administered in approximately 30 minutes and may be computer-scored. Five separate scores representing maladjustment in each of the five fields are obtained. Also, three separate scores indicate maladjustment in terms of deviant behavior, friction, and patient distress in each of the five fields. Response set control consists of alternating the orders of presentation (ordered on severity) of two forced choice selections to the patient when data and results of a factor analysis of the instrument are available in the source document and in Gurland, B. J., Yorkston, N. J., & Goldberg, K., et al. The structured and scaled interview to assess maladjustment (SSIAM): Factor analysis, reliability, and validity. Archives of General Psychiatry, 1972, 27, 264-267. Copies of the instrument and the manual may be obtained from the Springer Publishing Company, Inc., 200 Park Avenue South, New York, NY 10010. More information may be obtained from the first author.

OCCUPATIONAL ADJUSTMENT

CHANGE SCALE

Individual and group correlates of attitudes toward work-related change. Journal of Applied Psychology, 1961, 45(5), 334-344.

Trumbo, Don A., 544 Psychology Building, Pennsylvania State University, PA 16802

The Change Scale is an index of attitudes toward work related change. The scale consists of nine statements of opinion concerning work related change. The respondent rates each statement on a 5-point scale ranging from "I strongly agree" to "I strongly disagree." Some sample items are: "If I could do as I pleased, I would change the kind of work I do every few months"; "When I get used to doing things in one way it is disturbing to have to change to a new method." Responses were coded serially from "1" to "5," with high scores indicating favorable attitudes toward change. To test validity, change scale scores were compared against a questionnaire eliciting reactions to specific work change events. Results indicated that the change scale is predictive of attitudes toward specific change situations. Job investment, capacity for job adjustment, supervisory methods and attitudes, and group cohesiveness were also measured and related to change scale scores. More information and a copy of the instrument may be found in the source document. Further work on the items of this scale has been carried out by Elmer Hardin of Michigan State University, East Lansing, MI 48901.

EMPLOYEE OPINION SCALE ON SUMMER WORK STUDY PROGRAM FOR HIGH SCHOOL STUDENTS

Laramie, University of Wyoming, 1970.

Pasewark, Richard A., Department of Psychology, University of Wyoming, Laramie, WY 82070

The Employee Opinion Scale on Summer Work Study Program for High School Students is a questionnaire designed specifically as an assessment technique for evaluating the success of a Wyoming work study program in which adolescent high school students were given employment positions in local mental health institutions. The scale is designed for use with employees of mental health facilities participating in the program. Employees are asked to rate various aspects of the program's success, as well as the performance of the students and the treatment of the students by the regular hospital personnel. The scale consists of 36 items. Items consist of declarative statements describing various opinions regarding the program. Respondents are asked to express varying degrees of agreement or disagreement with the opinion reflected in the item by selecting one of the four alternatives from "strongly agree" to "strongly disagree." Sample items from the scale are: "I thought the students generally conducted themselves well"; "In general, I believe that the high school program went very well"; "I feel that the students generally got the better and more interesting jobs to do while the regular staff were left with the hard jobs"; "I think there was a good deal of resentment by the ward personnel toward the students"; "The high school students required too much supervision to be of any real help around the patients." A final report of the work study program including the application of this scale will be contained in a final report to be submitted to the National Institute of Mental Health in November, 1972. Further information and a copy of this questionnaire may be obtained from the author.

FORMER NYC ENROLLEE QUESTIONNAIRE

Development of guidance measures for youth-work training program enrollees. Phase I: Measurement of program objectives and the development of criteria. Final Report, U. S. Department of Labor Contract 41-9-005-32, July 1971.

Freeberg, Norman E., & Reilly, Richard R., Educational Testing Service, Princeton, NJ 08540

The Former NYC Enrollee Questionnaire (FEQ) is designed to evaluate the effectiveness of the Neighborhood Youth Corps after enrollees have been out of the program for a period of four months. The respondents are divided into two groups, those who have had full-time employment since leaving the program, and those who have never worked full time since leaving the program. There is a separate section within the questionnaire for each group. The questionnaire consists of 58 multiple-choice and completion type items to be answered by all respondents. There are three additional items for employed respondents, and 29 additional items for unemployed respondents. Sample items are: "Have you saved any money since you left NYC? (all of the time, some off and on, just about nothing saved)"; "When you finish a day's work, do you feel like you did something worthwhile? (almost never feel that way, sometimes true, almost always feel that way)"; "What are your feelings about the kind of work you do? (it's great, it's okay, don't like it at all)"; "How many places have you lived since you left NYC?"; "How many hours a week do you work?" Six trained interviewers administered the questionnaire to a total of 242 male and female respondents. Intercorrelation data and a copy of the instrument are available in the source document.

JOB PERCEPTIONS QUESTIONNAIRE

Job perceptions among black and white adolescents and the hardcore unemployed. Technical Report No. 7, HEW Grant No. 12-P-55175 5-02, February 1971.

Triandis, Harry C., Feldman, Jack M., & Harvey, William M., Department of Psychology, University of Illinois, Champaign, IL 61801

The Job Perceptions Questionnaire is an instrument designed to measure the attributes or characteristics that subjects perceive as pertaining to various jobs and the persons who hold such jobs. The questionnaire is part of a series of instruments designed for use with economically disadvantaged white and black male youths and chronically unemployed blacks. The purpose of the questionnaires is to collect information regarding the characteristic ways in which the economically disadvantaged perceive their social environment and to identify the sorts of social perceptions that are related to chronic unemployment among the poor. The Job Perceptions Questionnaire consists of 27 names of occupations. Sample items from the questionnaire are: "Social workers are (or have)"; "Truck drivers are (or have)"; "Factory workers are (or have)." Beneath each item are listed a number of attributes or traits that could apply to the job depicted or to persons holding such a job such as lazy, well-paid, skilled, dirty, understanding, etc. Subjects are asked to rate each trait in terms of how descriptive they feel it is of the particular job. Ratings are made by placing a number from "0" to "9" beside each trait, with "0" ratings corresponding to "never" (descriptive of) and "9" ratings corresponding to "always" (descriptive of). Concurrent validity across the various social perception questionnaires has been observed. Reliability coefficients in the high .80 range have also been observed. Because of the specific nature of the questionnaires, copies are not available. However, information regarding the development and use of comparable procedures may be obtained from the first author.

JOB SATISFACTION BLANK NUMBER FIVE

Job satisfaction. New York: Harper and Brothers, 1935.

Hoppock, Robert, 104 Webster Avenue, Manhasset, NY 11030

The Job Satisfaction Blank Number Five is designed to measure satisfaction with one's job. The instrument comprises four items with seven responses possible for each item; the subject is instructed to check one of seven possibilities for each of those items. A sample item with its responses is: "Choose the one of the following statements which best tells how well you like your job. Place a check mark in front of that statement. 1) I hate it; 2) I dislike it; 3) I don't like it; 4) I am indifferent to it; I like it; 6) I am enthusiastic about it; 7) I love it." It is self- administered, takes approximately five minutes to complete and five minutes to score. Normative information and research studies where it has been utilized are outlined in the source document. The blank was compared with others and evaluated in: Crites, J. O. Test reviews. *Journal of Counseling Psychology*, 1966, 13, 120-122. Requests for permission to reproduce and use the instrument should be sent to the author.

THE JOB-SCOPE SCALE

Effectiveness of various management and organization characteristics on employee satisfaction and performance as a function of employees' need for independence. New York, Bernard M. Baruch College, 1969.

Wigdor, Larry, no address

The Job-Scope Scale was developed in order to study the relationship of job scope (i.e., the degree to which a job involves a variety of tasks as opposed to one routine, repetitive task) and other organizational variables to workers' satisfaction, performance, and need for independence. The Job-Scope Scale consists of five questions intended to measure job-scope in terms of the extent to which the respondent: a) Performs various tasks; b) Sees projects through to completion; c) Determines job objectives and methods. Sample items tapping these three indices of job-scope are: "How often are you required to perform tasks which previously had not been part of your job responsibility?"; "How often do you see projects through to completion?"; "To what extent do you set objectives, goals and procedures for your job rather than following directions or established procedures?" Response options are in terms of 5-point scales with labels that vary in order and wording from item to item, but which similarly represent a continuum from "rarely" to "very often." The Job-Scope Scale was validated in a study which compared 30 employees at high organizational levels making a variety of decisions and performing varied tasks with 30 employees low on these characteristics. The difference in responses between these groups was significant at the .0001 level. The reliability of the scale is estimated to be .70. An experimental application of the scale may be found in House, R. J. A path-goal theory of leader effectiveness. *Administrative Science Quarterly*, 1971, 16, 321-328. Further information and a copy of the scale may be obtained from R. J. House, Faculty of Management Studies, University of Toronto, 245 Bloor Street West, Toronto 181, Ontario, Canada.

NW ORGANIZATIONAL SURVEY
Worcester, MA, Nordli, Wilson Associates, 1972.

Wilson, J. Watson, 206 Professional Building, 27 Elm Street, Worcester, MA 01608

The NW Organizational Survey (NWOS) is an instrument designed to measure individual perceptions of and attitudes toward an organization and its management. The instrument is intended for use with business workers and is primarily designed to aid companies in defining and dealing more effectively with attitudinal problems between departments, top management, and other levels of an organization. The NWOS also facilitates organizational planning among individuals. The NWOS contains six sections which focus on organizational rating, the respondent's views of his organization, and an adjective checklist for the respondent's perception of the organization, his idea of an outsider's views of the organization, and his description of how the organization could be ideally. The NWOS was developed through organizational research. The instrument is self-administered with no time limit for completion. The NWOS can be hand scored or machine scored. Normative data are available from the author. To date, the major applications of the instrument have been on a consulting basis to organizational managements. A copy of the instrument is available from the author.

THE ORGANIZATIONAL ATTITUDE AND SATISFACTION INVENTORIES
The Organizational Attitude and Satisfaction Inventories: An old wrinkle with a new twist. Norman, University of Oklahoma, 1970.

[illegible]cobs, Paul D., Frame, Ronald C., Kirby, Dee Ann, & Munz, David C., Department of Psychology, University [illegible] Oklahoma, Norman, OK 73069

The Organizational Attitude and Satisfaction Inventory (OASI) were developed to provide a context-free method of assessing attitudes which would not be limited by statement-specific empirical weights (as are Thurstone-type scales in which subjects endorse specific statements) or by ordinal level data (which Likert-type scales are usually regarded as yielding). The instrument basically consists of the response categories developed by the author for the Perceived Stress Index (PSI). These response categories are words or phrases along an affective state or feeling continuum from "pleasant" to "unpleasant." The 15 words or response categories used in the OASI were developed from item analysis of 208 nonoverlapping words phrases generated by 83 students who were asked to list the words or phrases they believed to be along the pleasant-unpleasant continuum. Another sample of students then rated these words and phrases on an 11-point continuum, which resulted in 45 words evenly spread along the continuum with high judge agreement ratings regarding their position. Finally these 45 words were rated on the semantic differential to identify those words existing in the same semantic space, i.e., having similar connotative meanings. A final 15 items were selected on the basis of factor loadings, and these comprise the response categories employed in the OASIS procedure. Sample response categories are: "Distressed"; "Unruffled"; "Threatened"; "At ease"; "Timid"; "Extremely terrified"; "Thrilled"; "Keen," etc. These words may be used to assess any situation-specific attitude simply by prefacing the statements to be rated by "This is the way I feel about," and having subjects express their attitudes toward each statement by selecting one of the 15 response categories. The 15 words are lettered "A" through "O" and subjects are asked to place the letter of the word which best describes their attitudes beside the statement being rated. The OASIS has been applied to assess job satisfaction and political views. In a validation study using the OASIS to assess political views, it was found that the procedure effectively elicited respondents' attitudes toward political issues as well as respondents' perceptions of the attitudes of candidates regarding these issues. Sample items from an OASIS test designed to measure attitudes toward group therapy are: "This is the way I feel about: 1) encounter groups, 2) referring a relative to a group therapy experience, 3) Gestalt therapy, etc." Further information and a copy of the OASIS may be obtained from the author.

POSITIVE MENTAL HEALTH OF WORKERS INTERVIEW
Age differences in positive mental health of workers. *Journal of Genetic Psychology*, 1971, 119, 163-173.

Meltzer, H., & Ludwig, D., Psychological Service Center, 4510 Maryland Avenue, St. Louis, MO 63108

The Positive Mental Health of Workers Interview is a content analysis system for projective interviewing designed to measure aspects of positive mental adjustment. The instrument is intended primarily for use with industrial workers and is designed to provide an index of age as an independent variable with which positive mental health is assumed to covary. The projective interviewing procedure, on which the content analysis is based, consists of two major parts. The first part involves direct questioning about work, family, personal story, and present conditions or problems. The second major part constitutes the projective content and consists of asking the interviewee to recall the most outstanding pleasant experiences of his life and then to recall the most outstanding unpleasant experiences. For the purposes of assessing mental health, material elicited in the direct questioning segment is separated from that elicited by projective questioning. The latter is then broken down into individual sentences which are individually scored and placed into one of four categories designed to provide index criteria of total positive mental health. These criterion categories are self-regard, maturity, personality organization, and relation to the environment. Detailed information on scoring of projective material into the mental health categories is available in the source document. The score for each category is determined by subtracting the number of negative statements from the positive ones in that category. The overall mental index is determined by adding the four category area scores. Interjudge reliability for the total index is reported to be .85. To date, the analysis has been applied to projective interviewing of 143 workers in an upstate New York study. The research indicated a marked drop in positive mental health indices among subjects over age 40. Additional information concerning that study is available in the source document. More information and a copy of the instrument is available from the author.

PROGRAM COMPLETION QUESTIONNAIRE

Development of guidance measures for youth-work training program enrollees. Phase I: Measurement of program objectives and the development of criteria. Final Report, U. S. Department of Labor Contract 41-9-005-32, July 1971.

Freeberg, Norman E., & Reilly, Richard R., Educational Testing Service, Princeton, NJ 08540

The Program Completion Questionnaire (PCQ) is designed to evaluate the effectiveness of the Neighborhood Youth Corps after an individual has participated in the program for several months. The questionnaire consists of 46 multiple-choice and completion type items covering the areas of feelings of vocational adequacy, quality of first job desired, awareness of job characteristics, starting salary expected, ways to look for a job, long range plans, peer rating, save money, people who give enrollee a hard time, trouble with police. Sample items are: "On this list I show you let me know which of these people or places have been giving you a hard time lately, a) supervisor at work, b) people you work with, c) social worker, d) state employment, e) NYC counselor, f) the police or courts, g) neighbors, h) lawyers, i) credit collection outfits, j) storekeepers, k) somebody in your family, l) a hospital or people that work there, m) others (specify)"; "Being in NYC has made you feel like you're going to be able to make it in a job later on, a) it was no help at all, b) it was some help, c) yes, it helped a lot"; "If the first job you get doesn't work out and you decide to drop it what would you do?" Six trained interviewers administered the questionnaire to a total of 379 male and female respondents. This sample was divided into three subscales for analysis. Intercorrelation data and a copy of the instrument are available in the source document.

PSYCHOLOGICAL PARTICIPATION SCALE

Effectiveness of various management and organization characteristics on employee satisfaction and performance as a function of employees' need for independence. New York, Bernard M. Baruch College, 1969.

Wigdor, Larry, no address

The Psychological Participation Scale was developed as part of a study investigating the relationship between the effectiveness of various management and organizational characteristics and employee satisfaction and performance. The scale consists of five items concerning the subject's feelings about his influence on his job and his participation in decision making. The five items are: 1) "In general, how much say or influence do you feel you have on what goes on in your job?"; 2) "Do you feel you can influence the decisions of your immediate superior regarding things about which you are concerned?"; 3) "Does your immediate superior ask your opinion when a problem comes up which involves your work?"' 4) "If you have a suggestion for improving the job or changing the setup in some way, how easy is it for you to get your ideas across to your immediate superior?"; 5) "How much influence do you have in planning what you will do and how you will go about it?" Responses are made in terms of 5-point scales ranging from "a very great deal of influence" to "little or no influence," or, "It is difficult to get my ideas across" to "It is easy to get my ideas across." The scale may be self-administered in a few minutes. Further information and a copy of the scale may be obtained from R. J. House, Faculty of Management Studies, University of Toronto, 246 Bloor Street West, Toronto 181, Ontario, Canada.

THE RESPONSIBILITY INDEX

The responsibility index manual. Wichita, Center for Human Appraisal and Communication Research, Wichita State University, 1972.

Elsass, Nancee S., & Sweney, Arthur B., no address for the first author

The Responsibility Index (RI) is an instrument designed to measure respondents' attitudes regarding the subordinate roles perceived to be most appropriate by superordinate respondents. The RI was developed on the basis of a model proposed by the author which depicts three superordinate roles (authoritarian, equalitarian, and permissive), three subordinate roles (rebel, cooperator, and ingratiator), and a number of predictable behavioral outcomes resulting from the interaction of any combination of these roles. The present instrument was developed to ascertain the perceived appropriateness of the subordinate behaviors used to operationally define the three subordinate roles proposed by the author. The instrument consists of 34 forced choice items, each of which involves three possible responses. The three response options reflect each of the three subordinate orientations, rebel, cooperator, and ingratiator. The supervisor or superordinate is asked to rank the three responses in terms of appropriateness and in so doing ranks the preferability of each of the three orientations. Sample items are: "Rules are, a) to be broken, b) to be followed, c) to be used"; "I am most effective when I, a) fight for my ideas, b) think of new ideas, c) combine my ideas with others." Respondents (supervisors) are asked to imagine themselves in the position of a subordinate and answer the questions by checking the most appropriate response. Subjects rate items by placing a one by their first choice and a three by their last choice. The RI is self-administering and requires about 15 minutes for completion. A concealed scoring sheet is attached to each page of the RI booklet, so that subjects simulataneously score the test while responding. Summing the scale scores for the three roles requires about five minutes. RI items were developed to reflect the assumptions of the underlying model; however, final test items were selected on the basis of successive statistical analyses. Internal consistency coefficients for a sample of 136 subjects were .87, .92, and .81 for the rebel, cooperator, and ingratiator subscales, respectively. Substantial evidence is given for the concurrent, predictive, and construct validity of the RI. Further information regarding the RI (and theoretically related scales generated from the same role theory model) may be obtained from the second author, A. B. Sweney, Wichita State University, Center for Human Appraisal and Communication Research, Wichita, KS 67208.

THE ROLE-AMBIGUITY SCALE

Role conflict and ambiguity in complex organizations. Administrative Science Quarterly, 1970, 15, 150-153.

Rizzo, John R., House, Robert J., & Lirtzman, Sidney E., Department of Management, Western Michigan University, Kalamazoo, MI 49001

The Role Conflict and Ambiguity Questionnaire was designed to provide a measure of the degree to which the various role demands of particular jobs are compatible with one another and clearly perceived by workers. The questionnaire was developed specifically as part of a study designed to examine role conflict and ambiguity in complex organizations. The scale consists of 30 descriptive statements, 15 of which deal with role ambiguity and 15 of which deal with role conflict. Sample items from the scale are: "I am corrected or rewarded when I really don't expect it"; "I receive an assignment without adequate resources and materials to carry it out"; "I have enough time to complete my work"; "I know what my responsibilities are"; "I know exactly what is expected of me." Each item is rated in terms of a) A 7-point scale ranging from "very false" to "very true" and b) A 7-point scale ranging from "extremely undesirable condition" to "extremely desirable." Two spaces are provided beside each item, one for true-false ratings, and one for desirable-undesirable ratings. The Role-Ambiguity Scale has been construct validated against measures of organization practices, leader behavior, and worker satisfaction. An experimental application of the scale may be found in House, J. A path goal theory of leader effectiveness. Administrative Science Quarterly, 1971, 16, 321-338. Further information and a copy of the scale may be obtained from R. J. House, Faculty of Management Studies, University of Toronto, 246 Bloor Street, Toronto 181, Ontario.

THE SATISFACTION SCALE

A path goal theory of leader effectiveness. Administrative Science Quarterly, 1971, 16(3), 321-338.

House, Robert J., Faculty of Management Studies, University of Toronto, 246 Bloor Street West, Toronto 181, Ontario, Canada

The Satisfaction Scale is an instrument designed to assess the degree of satisfaction which employees derive from their work situation. The instrument was developed as part of a study designed to examine the "path-goal" theory of leader effectiveness proposed by the author. The scale was developed from item analyses and factor analyses which resulted in the identification of seven scales or categories of worker satisfaction: 1) Advancement opportunity; 2) Job autonomy; 3) Intrinsic job rewards; 4) Job security; 5) Pay; 6) Recognition; 7) Social environment. Sample items from each of these respective categories are: 1) Chances for advancing at a reasonable rate; 2) The opportunity for independent thought; 3) The feeling of worthwhile accomplishment at work; 4) Chances of keeping this job as long as I want; 5) The pay I receive for my work; 6) The awareness that others have of my performance when I perform well; 7) The dignity with which I am treated. Respondents are asked to rate the degree to which the Descriptive statements are true or false. Each item is rated in terms of: a) A 7-point scale ranging from "very false" to "very true," and b) A 7-point scale, ranging from "extremely desirable condition" to "extremely undesirable condition." Two spaces are provided beside each item, one for true-false ratings, and one for desirable-undesirable ratings. The scale consists of 37 items. Reliability coefficients for the seven scales range from .65 to .92, with the median coefficient being in the mid .80 range. The instrument was administered to a sample of 199 office employees. It was found that worker satisfaction was significantly and positively related to leaders' clarification of the "path-goal" (duties-rewards) linkage. An experimental application of the scale may be found in Rizzo, J. R., House, R. J., & Lirtzman, S. E. Role conflict and ambiguity in complex organizations. Administrative Science Quarterly, 1970, 15, 150-153.

A SHORT-FORM MEASURE OF SELF-ACTUALIZATION

Journal of Applied Behavioral Science, 1968, 4(3), 299-312.

Bonjean, Charles M., Department of Sociology, University of Texas, Austin, TX 78712

A Short-Form Measure of Self-Actualization was designed to measure workers' feelings of "self-actualization," i.e., that condition which exists when organization members believe their occupational role demands permit relatively full expression of their individual potential. The present instrument is a shortened form of an earlier semi-structured interview schedule also designed as an index of self-actualization (Argyris, C. Understanding organizational behavior. Homewood, Illinois: Dorsey Press, 1960). The instrument consists of two parts. The first part provides a measure of those occupational predispositions that a respondent feels "desire (or require) expression." Part I consists of presenting the subject with a card on which are listed all the predispositions reported by Argyris in his interviews with workers. The respondent is asked to select: a) The predispositions (or needs) that are most important to him; b) Those that he would rank next in importance; and c) Those that make no difference at all. These needs are given a value of "4," "2," and "1" respectively, and this score provides a measure of "desired (or sought) expression." Sample items from Part I are: "Being alone while at work"; "Having a job that is secure"; "Having new and varied tasks from day to day." Also provided are "other" listings that allow the subject to list any work situation not presented on the card. Part II is designed to measure those work needs that are allowed "actual expression." Items in Part II correspond to items in Part I in that there is an item in Part II for each need expressed in Part I. Subjects are asked only those corresponding items in Part II that they rated as "important" in Part I. A sample item from Part II is: "Would you say that you are, a) never alone while at work, b) rarely alone, c) alone sometimes but not enough, d) alone as much as you want." By comparing "desired expression" with "actual expression," a measure of self-actualization may be obtained. A correlation coefficient of .72 between ratings made by the original long form, and the present shortened version was obtained, justifying use of either instrument. Further information and a copy of the instrument may be obtained from the author.

THE SUPERVISE ABILITY SCALE

The supervise ability scale manual. Wichita, Center for Human Appraisal and Communication Research, Wichita State University, 1972.

Elsass, Nancee S., & Sweney, Arthur B., no address for the first author.

The Supervise Ability Scale (SAS) is an instrument designed to measure respondents' attitudes regarding the management or supervisory role styles perceived to be most appropriate by subordinate respondents. The SAS was developed on the basis of a model proposed by the author which depicts three superordinate roles (authoritarian, permissive, and equalitarian), three subordinate roles (rebel, ingratiator, and cooperator), and a number of predictable behavioral outcomes resulting from the interaction of any combination of these roles. The present instrument was developed to ascertain the perceived appropriateness of the managerial behaviors used to operationally define the three superordinate roles proposed by the author. The instrument consists of 30 forced choice items, each of which involves three possible responses. The three response options reflect each of the managerial orientations under investigation. The subordinate is asked to rank the three responses in terms of appropriateness and in so doing ranks the preferability of an authoritarian, equalitarian, or permissive orientation to the situation described in the item. Sample items are: "People work hard, a) out of habit, b) to please their boss, c) to survive"; "I like situations which, a) encourage me, b) challenge me, c) let me improve myself." Workers are asked to imagine themselves in the position of a supervisor and mark the most appropriate response. Subjects are to place a one by their first choice, and a three by their last choice. The SAS is self-administering and requires about 15 minutes for completion, and about five minutes for scoring. A concealed score sheet is attached to the back of each page of the SAS test booklet, so that in responding the subject simultaneously codes the test for scoring. SAS items were developed to reflect the assumptions of the underlying model; however, the final test items were selected on the basis of successive statistical item analyses. Internal consistence coefficients for a sample of 136 subjects were .73, .80, and .76 for the authoritarian, equalitarian, and permissive scales respectively. Stability coefficients were .84, .81, and .77 for the three scales. Substantial evidence is provided in the source document for the concurrent, predictive, and construct validity of the SAS. Further information regarding the SAS (and theoretically related scales generated from the same role theory model) may be obtained from the second author. Copies of these instruments may similarly be obtained from the second author, A. B. Sweney, Wichita State University, Center for Human Appraisal and Communication Research, Wichita, KS 67208.

THE TASK-AUTONOMY SCALE

Effectiveness of various management and organization characteristics on employee satisfaction and performance as a function of employees' need for independence. New York, Bernard M. Baruch College, 1969.

Wigdor, Larry, no address

The Task-Autonomy Scale was developed in order to investigate the relationship between employees' need for independence and such variables as employee satisfaction and performance under differing management and organization characteristics. The scale is intended to reflect task-autonomy or task independence by measuring the degree to which the respondent is able to: a) Perform his job without depending upon his superior or others for financial resources, nonfinancial resources, and directions; b) Independently schedule and plan his activities; c) Innovate independently of others. The instrument consists of 16 items. Sample items from the scale are: "To what extent are you able to act independently of your superior in performing your job function? a) hardly ever, b) seldom, c) occasionally, d) frequently, 3) almost always;" "When someone else in the company requests you to perform a task for them, how frequently do you seek advice from your superiors? a) almost always, b) very often, c) often, d) occasionally, e) rarely." Response options are in terms of 5-point scales which vary slightly in wording and position of scale anchors from item to item. The scale requires 10 to 15 minutes for completion and is self-administering. The job autonomy scale was validated in two samples assumed to differ in job autonomy because of their occupational level. It was found that the scale discriminated significantly and in the predicted direction between a sample of corporate vice-presidents and a sample of white collar trainees and secretaries. The reliability of the scale is reported to be .90. An experimental application of the scale may be found in House, R. J. A path goal theory of leader effectiveness. Administrative Science Quarterly, 1971, 16, 321-328. Further information and a copy of the scale may be obtained from R. J. House, Faculty of Management Studies, University of Toronto, 246 Bloor Street West, Toronto 181, Ontario.

WORK SUPERVISOR'S RATING SCALE

Development of guidance measures for youth-work training program enrollees. Phase I; Measurement of program objectives and the development of criteria. Final Report, U. S. Department of Labor Contract #41-9-005-32, July 1971.

Freeberg, Norman E., & Reilly, Richard R., Educational Testing Service, Princeton, NJ 08540

The Work Supervisor's Rating Scale is used as part of an evaluation program designed to assess the effectiveness of the Neighborhood Youth Corps. The work supervisor fills out the form after the enrollee has participated in the program for several months. The scale consists of 10 items, on which the supervisor is asked to rate the enrollee using a 5-point scale. Scale alternatives range from "This describes just how the enrollee is" to "The enrollee is not like this at all." There are separate forms for female and male enrollees. Sample items are: "Knows how to follow instructions properly" (male); "Takes some pride in the work and doesn't just rush through to get it finished" (male); "Has to be told what to do every minute or she can't keep busy" (female); "Wastes time on the job" (female). Intercorrelation data and a copy of the instrument are available in the source document.

WORK VALUES INVENTORY

Boston, Houghton-Mifflin, 1968.

Super, Donald E., Teachers College, Columbia University, New York, NY 10027

The Work Values Inventory (WVI) is a self-report instrument designed to assess the goals and values that affect the motivation to work. The WVI measures the satisfactions which men and women seek in work and the satisfaction which may be the concomitants or outcomes of work. The WVI measures these factors in both boys and girls, in men and women, at all age levels beginning with adolescents and at all educational levels beginning with entry into junior high school. The WVI requires no more than 20 minutes to complete. Most individuals can finish it within 10 to 15 minutes. This instrument contains 45 items. Each scale (there are 15 of them) contains three items. The scales are identified as: "Creativity"; "Management"; "Achievement"; "Surroundings"; "Supervisory Relations"; "Way of Life"; "Security"; "Associates"; "Aesthetic"; "Prestige"; "Independence"; "Variety"; "Economic Return"; "Altruism"; "Intellectual Stimulation." The WVI is designed primarily for use in counseling in schools, college and community agencies. Each item in the inventory is given a rating of one to five. The rating of one indicates that the item is unimportant to the person. A rating of five indicates that the item is very important to the person. Sample items include: "Are looked up to by others"; "Needs to be mentally alert"; "Know your job will last." The author has established norms for each scale at each grade level from 7 to 12. Using the method of test-retest reliability, reliability coefficients for all scales were between .74 and .88 with the median at .83. The author's research indicates that these scales meet the criteria for construct, content and concurrent validity. The author is currently collecting data for the purpose of testing predictive validity. Additional information is available from the author. A specimen set for the instrument may be obtained from the publisher.

ATTITUDE-BEHAVIOR SCALE: TECHNICAL EDUCATION

East Lansing, Michigan State University, 1972.

Jordan, John E., College of Education, Michigan State University, East Lansing, MI 48823

The Attitude-Behavior Scale: Technical Education is an instrument designed to measure attitudes toward a technical high school education. The instruments contains 177 items which attempt to tap an individual's opinion of what people in this country believe about technical education, and what the individual believes about technical education. Sample items are: "People in my country believe the following things about technical education"; "As compared with other kinds of high school education, people in my country believe that technical education is much less important, less important, more important, much more important"; "Indicate if you consider right or wrong the following ideas that people may have with respect to technical education"; "When others believe that technical education is better only for students from poorer families, they are almost always right, usually right, usually wrong, almost always wrong"; "If I were to work with technical education"; "I would try to make agricultural education at the high school level so it would be important to the development of the country" (strongly disagree, disagree, agree, strongly agree). The instrument is self-administered. A copy of the instrument is available from the author.

ATTITUDES TOWARD PARENTAL CONTROL OF CHILDREN

The measurement of attitudes toward parental control and the social adjustment of children. Journal of Applied Psychology. 1936, 20(3), 359-367.

Stogdill, Ralph M., & Goddard, Henry, H., Division of Research, The Ohio State University, 1775 South College Road, Columbus, OH 43210

The Attitudes Toward Parent Control of Children (ATPCC) is an attitude questionnaire designed to measure parental attitudes towards child-rearing practices. The ATPCC contains 20 items that are rated by the respondent on a 7-point scale from "extreme agreement" through neutral to "extreme disagreement." The respondents are instructed to indicate their responses by drawing a circle around one of the seven symbols after each statement. Each item is given a score ranging from "0" to "6" so that those individuals who endorse control over children or disapprove of control receive high scores. For example, an individual who very strongly agrees with an item endorsing control or very strongly disagrees with an item endorsing freedom receives a score of "0" on that item; a score of "6" is received if the subject very strongly agrees with an item endorsing freedom or very strongly disagrees with an item endorsing control. The possible range of scores is from 0 to 120. A score from 0 to 54 indicates approval of strong control; 55 to 64 is a neutral score and 65 to 120 indicates an approval of lax control. Sample items include: "Children should not interrupt adult conversation"; "Children should not be required to take orders at all"; "Parents should make all important decisions for their children." Additional information and a copy of the instrument are available from the first author.

CHILD TRAINING GOALS RATING SCALE

Boston, Beth Israel Hospital, 1971.

Winterbottom, Marian R., Beth Israel Hospital, Department of Psychiatry, 330 Brookline Avenue, Boston, MA 02215

The Child Training Goals Rating Scale (CTGRS) is an instrument designed to determine a parent's goal in child training, the parent's estimates of the age at which he expects his children to learn certain independent behaviors or restrictions, and the positive and negative reinforcements used to teach the behaviors. This questionnaire contains two sections. The first is a list of things that the parent wants in the child and the other is a list of the things that he does not want in his child. The parent is asked to choose those items that corresponds most closely to what he wanted in his child before the age of 10. This instrument contains 85 items. It takes about one hour to complete. It can be self-administered or used as an interview schedule. The CTGRS is appropriate for either parent. Besides each statement there are two blanks. A mark is put in the first one if it is one of the things that the parent wants in the child by the time he is 10 years old. The second blank is used to indicate the approximate age by which the child should have learned the behavior. A sample item is: "To obey traffic signals and street lights when he is out alone." Additional information and a copy of the instrument are available from the author.

EDUCATIONAL ATTITUDES QUESTIONNAIRE
Mental health consultation with low SES parents. Staten Island, Wakoff Research Center Document, February, 1971.

Goldstein, Kenneth M., Wakoff Research Center, Staten Island Mental Health Society, 657 Castleton Avenue, Staten Island, NY 10301

The Educational Attitudes Questionnaire (EAQ) is intended to measure parent's orientation toward education. There are three parts of the inventory. Part I contains 54 Likert-type items designed to measure nine scales (e.g. importance of education, perception of child's ability, and perception of teacher-child relationship); a sample item is: "My child does not seem to get very excited by things he is learning in school." Part II contains 10 items which assess areas omitted in the previous section; a sample item is: "When your child is older, what would you like him to do for a living?" Part III comprises 12 items designed to measure general attitudes toward the value of education and 10 items intended to measure attitudes toward teaching; sample items are: "Education enables us to make the best possible use of our lives"; "Most teachers are unfit for such a responsible position." Some validity information as well as a copy of the entire EAQ plus scoring sheet for Part I are given in the source document.

THE ENVIRONMENTAL INFLUENCE QUESTIONNAIRE
A longitudinal assessment of thinking ability of preliterate children during a 2-year period. Tempe, Arizona State University, 1971.

Ball, Rachel S., Arizona State University, Tempe, AZ 85281

The Environmental Influence Questionnaire was developed for the purpose of collecting data on possible environmental correlates of thinking ability in 5-year-old children. The instrument is part of a longitudinal study investigating the structure and development of thinking ability at ages three, four, and five years. Ninety-two 3-year-olds and 55 4-year-olds were tested by means of a number of play-type tasks at age five in order to trace the development of their abilities over time. In addition, the mothers of the subjects were asked to complete the Environmental Influence Questionnaire. The questionnaire consists of 17 items tapping parental background and child-rearing practices. Sample items from the questionnaire are: "Education of mother?"; "Father reads to child?"; "Father plays with child?"; "Did mother pick up baby when it was crying?" Test items were factor analyzed, and the following item clusters were found to be related to certain aptitude factors: 1) Socioeconomic status (such as parents' education, father's profession); 2) Achievement-oriented and slightly apprehensive child-rearing practices (composed of variables such as parents reading to the child, picking up the child when he cries, etc.) The first group of items was found to be positively related to the verbal reasoning aptitude factor, while the second cluster of items was positively related to the spatial aptitude factors. Further information and a copy of the questionnaire may be obtained from the author.

FAMILY ATTITUDES QUESTIONNAIRE
Baltimore, Study of Precursors of Hypertension and Coronary Disease, The Johns Hopkins University School of Medicine, 1947.

Thomas, Caroline Bedell, Study of Precursors of Hypertension and Coronary Disease, The Johns Hopkins University School of Medicine, 725 North Wolfe Street, Baltimore, MD 21205

The Family Attitudes Questionnaire was devised in 1947 as a method of differentiating healthy medical students on the basis of their early family relationships. It was completed by 1,116 Johns Hopkins medical students in classes graduating between 1948 and 1964. The Family Attitudes Questionnaire formed one part of the data collected during medical school in a prospective study designed to learn how to predict the occurrence of hypertension and/or coronary heart disease in later life. The Questionnaire consists of a series of questions about the subject's father and mother; their attitudes toward the subject, the subject's attitudes toward them, interparental relationships, the subject's closest dependent relationship, and most significant uneasy relationship in childhood. The two-page questionnaire was drawn up by Caroline Bedell Thomas, chief investigator of the Precursors Study, and Barbara J. Betz, psychiatric consultant, in light of their clinical and research experience. The instrument is self-administered; no special materials beyond the questionnaire itself are required. Time needed to complete it has not been measured but should not exceed 10 minutes. The answers to the questions have been coded and those specifically related to parent-subject and interparental attitudes have been scored as binary data: "no" (0) or "yes" (1) on IBM cards. Reliability and validity have not been tested in the usual way nor the response set of the subject analyzed. Long-term results from the internally controlled population strongly suggest that the Family Attitudes Questionnaire does differentiate groups of Jewish subjects from Protestant or Roman Catholic groups; no significant differences were found between the Protestant and Roman Catholic groups. Recently, significant differences have been found in respect to closeness to parents; subjects who later committed suicide or developed tumors were very low on the closeness-to-parents scale. These are the major applications of the instrument to date; investigations along these lines are proceeding. Normative data may be found in Thomas, C. B., & Ross, D. C, Precursors of hypertension and coronary disease among healthy medical students: Discriminant function analysis. V. Family attitudes. Johns Hopkins Medical Journal, 1968, 123(5), 283-296 in Tables I and II. A copy of the instrument is available from the author.

FAMILY RELATIONSHIP INDEX
Honolulu, Family Educational Centers at Hawaii, 1972.

Corsini, Raymond J., Family Education Centers of Hawaii, 140 Niuiki Circle, Honolulu, HI 96821

The Family Relationship Index (FRI) is a structured interview used to a) Evaluate families, b) Locate specific problems in the family, c) Determine which children need help, and d) Measure changes in families as the result of counseling. The FRI consists of 20 behavior problems to be rated for degree of severity on a 4-point scale ranging from "no problem" to "serious problem." Parents make the ratings for each of their children, assisted in necessary by the interviewer. Sample items are: "Getting up"; "Chores"; and "Neatness." Space is provided for the parents to list and rate additional problems. An individual administration takes about 10 minutes while a group administration takes about 15 minutes. Completed forms can be returned to the author for statistical and normative purposes. A copy of the instrument is available from the author.

THE FAMILY RELATIONS INVENTORY
An inventory to measure the parental attitude variables in Roe's Theory of vocational choice. Journal of Counseling Psychology, 1964, 11(1), 3-12.

Brunkan, Richard J., & Crites, John O., 2021 Marine Plaza, Milwaukee, WI 53202

The Family Relations Inventory (FRI) was developed in order to measure young adults' perceptions of the three parental child-rearing orientations proposed by Roe (Roe, A., Early determinants of vocational choice. Journal of Counseling Psychology, 1957). The parental dispositions are acceptance, avoidance, and concentration. The FRI was developed for the purpose of examining Roe's theorized relationship between parents' orientation and job choice in their children. The FRI consists of 202 items comprising six scales: "Father avoidance"; "Father acceptance"; "Father concentration"; "Mother avoidance"; "Mother acceptance"; and "Mother concentration." Sample items from the FRI include: (Acceptance) "My mother gave me encouragement when I needed it most," "I felt that my father understood me; (Concentration) "My mother would get very upset when I did not come home right after school," "My father often expected me to do more than I thought I could do; (Avoidance) If I kissed or hugged my mother she seemed to be embarrassed," "My father spent very little time with me when I was growing up." Respondents rate statements either "true" or "false." The scale was developed from 313 items constructed to reflect the parental attitudes hypothesized by Roe. Two clinical psychologists and one counseling psychologist classified the items into the five a priori scales previously noted. Items on which all three judges agreed were added to comprise the present 202-item scale. The FRI was standardized on 314 college students. Reliability coefficients ranging from .82 to .92 were observed for five of the six scales. One month test-retest coefficients for the six scales ranged from .73 to .98. A validation study using the FRI showed the predicted high negative correlations between acceptance and rejection and nonsignificant correlations between concentration and the scales. Further information and a copy of the scale may be obtained from the first author.

THE INVENTORY OF FAMILY LIFE AND ATTITUDES: AN ADAPTATION OF THE PARI
Devon, PA, The Devereux Foundation Institute for Research and Training, 1960.

Platt, Henry, Chrost, S. G., & Jurgenson, Gretchen, The Devereaux Foundation, Institute for Research and Training, Devon, PA 19333

The Inventory of Family Life and Attitudes (IFLA) is a 115-item forced choice questionnaire adapted from the Parental Attitude Research Instrument (PARI) developed by Schaefer and Bell (Schaefer, E. S. & Bell, R. Q. Development of the parental attitude research instrument. Child Development, 1958, 29, 339-361). The IFLA was developed as a measure for exploring the influence of parental attitude on the personality development and patterns of behavior in children and adolescents. There are 23 scales in the IFLA; they are identified as: 1) Encouraging verbalization; 2) Fostering dependency; 3) Marital conflict; 4) Breaking the will; 5) Martyrdom; 6) Harsh punishment; 7) Forcing independence; 8) Irritability; 9) Suppression of aggression; 10) Deification; 11) Suppression of sex; 12) Excluding outside influence; 13) Equalitarianism; 14) Forcing activity; 15) Avoidance of communication; 16) Ascendency of mother; 17) Avoidance of affection; 18) Automomy of the child; 19) Intrusiveness; 20) Ascendency of father; 21) Suppression of affect; 22) Acceleration of development, and 23) Deception. Factor analysis of the items in each of these scales yield five clusters: "Authoritarian control"; "Family harmony"; "Encouraging expression"; "Forcing maturity and Avoiding affection." The current form of the IFLA contains items that are appropriate for use with adults and adolescents of both sexes. It may be administered either individually or to a group. There is no time limit for the IFLA, but the author reports that most people complete it within 30 minutes. Each item on this instrument is rated on a 4-point scale. For scoring purposes, a value of "1" to "5" if given for the responses. A "5" is given to those items marked "strongly agree" and a "1" to those marked "strongly disagree." A "3" is given for "no response." Sample items include: "Parent should do his best to avoid any disappointment for his child"; "A child soon learns that there is no greater wisdom than that of his parents"; "There is no good excuse for a child hitting another child." Validity and reliability discussions, additional information, scoring procedures, and a copy of the manual and instrument are available from the first author.

THE LONG FORM FAMILY INTERVIEW SCHEDULE

Stanford, Stanford University Institute for Public Policy Analysis, 1972.

Blum, Richard H., Institute for Public Policy Analysis, Stanford University, Stanford, CA 94305

The Long Form Family Interview Schedule is an instrument designed to investigate and identify those familial variables related to the development of drug problems and illicit drug use in children. The instrument is an interview format questionnaire consisting of 10 sections. Each section is designed to tap information in a separate family area and thus comprises a separate interview or questionnaire. The first section contains 13 items tapping the general family description, e.g., composition of household, descriptions of family members, significant events such as deaths of important persons. Section II A consists of an interview with the mother of the family or mother substitute and contains 46 questions tapping information in such areas as occupational history, biographic characteristics, political attitudes, interests and hobbies, father's childhood experiences, criminal history, drug experience profile (containing problems with drugs, reasons for their use and effects resulting from their use), medical history, and history of absence. Section II B contains 43 questions of parallel content as those in Section II A, however directed specifically toward the father or father substitute. The fourth interview is entitled Child Description, contains 47 items, and is designed to be completed by either parent. This interview taps information in such areas as conditions surrounding pregnancy (was child planned for or unwanted), complications in pregnancy, description of child's early behavior, child's health history, administration of drugs (such as tranquilizers or alcoholic beverages) to child by parents, parents' attitudes regarding level of child's drug related experiences, history of child's cognitive and physical development. This section is completed for each of the children in the family. Section IV, entitled Family Organization, contains 29 questions and is directed to both parents or parent substitutes interviewed together. The interview items cover the family management, attitudes, and parental accord toward the routine matters of child-rearing such as child discipline, freedom of choice, respect for laws, etc. Parents are asked to rank a 12-item basic values for children list and a 10-item parental goal list. Section VII contains eight questions directed towards parents and designed to illicit their comments, suggestions and recommendations (e.g., legislative actions) regarding illicit drug use by children and its prevention. Section VIII consists of an interview with the children 13 or older in the household. The interview contains five questions tapping information in such areas as drug experiences (with alcohol, tobacco, amphetamines, sedatives, tranquilizers and antidepressants, marijuana-hashish, hallucinogens, opiates, cocaine), drug experiences of other family members, views on child-rearing, areas of conflict with parents, areas in which children should be granted freedom of choice, value orientations. Section IX is an interview designed for administration to children under 13 years of age. The content of the 25 items in this section is essentially comparable to questions with the exception of political views, which are not tapped in the present interview. Sample items are: 1) How many persons live here now?; 2) As a teen-ager, were you involved in religious activities?; 3) As a child did you get along with your parents?; 4) How old was (name of child) when he or she had his or her first drink of wine, beer, or other alcohol? Further information regarding this instrument and its use may be obtained from the author.

LOUISVILLE BEHAVIOR CHECKLIST, FORMS D, E, AND PRESCHOOL

Children's deviant behavior within the general population. Journal of Consulting and Clinical Psychology, 1971, 37, 16-22.

Miller, Lovick C., Hampe, Edward, Barrett, Curtis, & Noble, Helen, 608 South Jackson Street, Louisville, KY 40202

The Louisville Behavior Checklist is an instrument designed to measure deviant behavior in children. The instrument is intended for use with the parents of the child and is designed primarily to facilitate guidance in the parent-child relationship. The instrument comes in two forms, one for girls and one for boys. The items on both are identical. The parent is asked to respond to each item "yes" or "no." Sample items are: "Cries easily over little things"; "Shockingly cruel with animals or people"; "Has habits such as hitting or picking her (his) fingernails, twisting her (his) hands, rubbing her (his) eyes or pulling her (his) hair"; "Has theathened or attempted suicide"; "Frequently complains of headaches"; "Sexual interest and awareness normal for age"; "Worries about disasters such as hurricanes, wars, fires at school, air raids." The instrument is self-administered. Reliability and factor analysis data are reported in the source document. A copy of the instrument is available from the author. An additional article is Miller, L. Dimensions of psychopathology in middle childhood. Psychological Reports, 1967, 21, 897-903.

MICHIGAN SENTENCE COMPLETION TEST

Ann Arbor, University of Michigan, 1947.

Kelly, E. Lowell, Fiske, Don W., et al., Department of Psychology, University of Michigan, 529 South Thompson Street, Ann Arbor, MI 48104

The Michigan Sentence Completion Test is part of a battery of self-administered tests given to parents of child applicants to The Child and Family Study Center, the preschool psychiatric unit of the Cedars-Sinai Medical Center. The Sentence Completion Test is a test originally developed by Professor E. Lowell Kelly's research group at the University of Michigan in Ann Arbor in order to assess the effectiveness of clinical psychology training, the functioning of the clinical psychologists trained, and predictive factors involved. The test consists of 100 incomplete sentences relating to various attitudes toward self, parental figures, authority, likes, dislikes, aspirations, etc. Items also consist of single words that the subject must use to form a sentence. Sample items from the Sentence Completion Test are: "The thing about my home. . ."; "What meant most to me was. . ."; I despise. . ."; "Because of Mom, I . . ."; "Death. . ."; "Love. . ."; "Sin. . .." Because the development of emotional maladjustment in preschool children has been universally connected with parental and familial variables, the assessment of parental attitudes and personality traits is essential to the treatment and understanding of the emotionally disturbed child. The Sentence Completion Test provides a projective technique with which to assess certain parental characteristics. The Sentence Completion Test, as well as all the other diagnostic scales designed for patients' parents, are completed separately by both parents. The degree of discrepancy between parents' perceptions and attitudes, as measured by responses to test items, has been shown to be related to the extremeness of the symptomology observed in the child patient. Further information may be found in Kelly, E. L., & Fisher, D. W. Prediction of performance in clinical psychology. Ann Arbor: University of Michigan Press, 1951. A copy of the Sentence Completion Test may be obtained from Zanwil Sperber, Department of Child Psychiatry, Cedars-Sinai Medical Center, 8720 Beverly Boulevard, Los Angeles, CA 90048.

THE MOTHER'S AND FATHER'S OPINION SURVEY
Los Angeles, Cedars-Sinai Medical Center, 1970.

Adelman, Howard S., & Sperber, Zanwil, Department of Psychology, University of California at Los Angeles, Los Angeles, CA 90024

The Mother's and Father's Opinion Survey is an instrument designed to yield information on such familial variables as parents' child-rearing practices, husband-wife conflict, etc. The survey is part of a battery of tests administered to parents of child applicants to the Cedars-Sinai psychiatric nursery school for mentally disturbed preschool aged children. The therapeutic nursery school program requires the attendance of children five half days per week for supervised interaction with clinically trained paraprofessionals and peers in an outpatient or "nursery school" setting. As part of the program, all parents of patients are asked to complete a battery of take-home tests designed to provide information regarding the nature of the family setting in which patients' symptoms developed. The parent survey is part of this battery of tests. The instrument consists of 49 items describing various parental opinions. Sample items from the survey are: "A good mother should shelter her child from life's little difficulties"; "People who think they can get along in marriage without arguments just don't know the facts"; "Few wives realize that husbands are part of the family and need some looking after too"; "Mothers would do their job better if fathers were more kind"; "A child will be grateful later on for strict training." Each parent is given an identical instrument and asked to complete the survey independently. Items are rated in terms of the four response alternatives, "strongly agree," "mildly agree," "mildly disagree," "strongly disagree." Included as part of the survey are 25 items from Torgoff's (1958) independence granting-achievement inducing scales. Items in this section of the opinion survey are constructed as statements regarding the age at which parents believe a child is able to manage various situations. Parents are asked to state the correct age at which certain behaviors are acceptable. Sample items from this section are: "I believe a parent should start correcting a child who messes with his food by the age of . . ."; "I believe a parent should feel free to read his children's letters without asking until the child is . . ."; "I believe a child should be allowed to cross busy streets by himself by the age of . . . ." Further information regarding the therapeutic nursery school program and the parents' opinion survey may be obtained from the first author.

PARENTAL ACCEPTANCE SCALE
Ithaca, Cornell University, 1952.

Porter, Blaine R., College of Family Living, 1206 Smith Family Living Center, Brigham Young University, Provo, UT 84601

The Parental Acceptance Scale (PAS) is an instrument designed to measure acceptance by locating a parent on a continuum ranging from low to high acceptance of his child. The instrument is intended for use with parents and is primarily designed for the study of parent-child relationships. The instrument specifically focuses on the following variables: "Recognition that a child has feelings and is to be respected for the right to express his feelings; recognition of the uniqueness of a child"; "Recognition of a child's need to become autonomous." "Unemotional positive regard" was also studied as a variable. The instrument measures nonacceptance and acceptance in terms of these variables. The PAS contains 54 items. Fourteen demographic questions comprise the PAS, with 10 items designed to measure each of the four variables. The items are answered on varying 5-point scales, other than the demographic questions. A sample item is: "When my child is shouting and dancing with excitement at a time when I want peace and quiet, it a) makes me feel annoyed, b) makes me want to know more about what excites him, c) makes me feel like punishing him, d) makes me feel that I will be glad when he is past this stage, e) makes me feel like telling him to stop." The instrument is self-administering and requires approximately 20 to 30 minutes to complete. Responses are arbitrarily weighted from one to five with one representing low acceptance and five high acceptance. The total acceptance score is the sum of numbers in front of the responses. Possible scores range from 20 to 200. The PAS has a split-half reliability correlation of .77, raised to .86 by the Spearman Brown Prophecy formula. To date, the major applications of the instrument have been for the author's doctoral thesis and for a regional research study in Iowa, Ohio, Wisconsin, and Kansas. A copy of the instrument is available from the author at 10 cents per copy.

PARENTAL ATTITUDE RESEARCH INSTRUMENT (REVISED)

A short form of PARI to assess authoritarian attitudes. *Psychological Reports*, 1968, 23, 91-98.

Cross, Herbert J., & Kawash, George F., Department of Psychology, University of Connecticut, Storrs, CT 06268

The revised and shortened version of the Parental Attitude Research Instrument (PARI) consists of nine scales of five items each designed to assess authoritarian attitudes toward child-rearing and parental warmth. The nine scales are: "Encouraging verbalization"; "Equalitarianism"; "Reversed deification of parents"; "Excluding outside influences"; "Warmth (irritability)"; "Deception"; "Reversed excluding outside influences"; "Deification of parents"; and "Reversed irritability (warmth)." A sample item is: "The child should not question the thinking of his parents." A factor analysis of the responses of 180 mothers and 160 fathers to the PARI yielded the two major expected factors of authoritarianism and warmth. In research application of this instrument, it has been found that both PARI factors correlated with authoritarianism measured as a cluster of attitudes (Form I of the Social Science Research Council scales of authoritarianism-SSRC) but not as a personality variable (SSRC, Form P). A copy of the instrument is available from the first author.

THE PARENTAL INTERVIEW FORM

From birth to seven. London: Longman, 1972.

Davie, Ronald, Butler, N. R., & Goldstein H., National Children's Bureau, Adam House, 1 Fitzroy Square, London, W1P 5AH, England

The Parental Interview Form is an instrument designed as part of an extensive developmental investigation in which all children born in England, Scotland, and Wales during the week of March 3 to 9, 1958, are the subjects of a longitudinal study tracing their physical, educational, and emotional development from birth to maturity. One purpose of the endeavor was to relate obstetric and social data obtained at the birth of subjects to their subsequent physical, educational, and emotional development. The aims also include gathering normative data (educational, psychological, social, and physical) on a representative, national group of British children at key points in their educational careers and subsequently, investigating cross-sectional relationships at each follow-up, making regional comparisons, and investigating longitudinal relationships, particularly as they throw light on adverse or above average development. A first follow-up study when subjects reached the age of seven was undertaken in 1965. A second follow-up study of subject's development was undertaken in 1969 when subjects attained 11 years of age. The Parental Interview Form was employed in the second follow-up investigation. The instrument was administered in conjunction with several attainment tests and an Educational Attainment Form, as well as Medical Examination Form completed by a physician. The Parental Interview Form was administered to provide information regarding the child's living situation, health, and emotional development as reported by the child's mother or mother substitute. The interview is conducted by a "Health Visitor" in the respondent's home. The instrument consists of 79 semistructured multiple-choice and fill-in items. Sample items from the interview are: "Apart from any private source what has been the source of income of the family during the past 12 months?"; "Do you hope that after leaving school, (child's name) will undertake further training or education?"; "Does the mother feel that the father takes a big part in managing the child or leaves it mainly to mother?"; "Does the child have good sight?"; "At what age, if any, was poor hearing first noted?"; "How much time has the child missed from school in the past year because of ill health or emotional disturbance?" A full statistical appendix is available in the source document. Further information, a list of references related to this project, and a copy of the Parental Interview Form may be obtained from the author for a small fee.

PARENT INTERVIEW SCHEDULE

Traits of school achievers from a deprived background. New York: Associated Educational Services, 1967.

Davidson, Helen H., & Greenberg, J. W., 90 La Salle Street, New York, NY 10027

The Parent Interview Schedule is an instrument designed to tap dimensions of parental behavior and attitudes relating to education and concern for the child. Status information is also elicited. The schedule was developed for use in a large project concerned with differentiating high and low achievers on some cognitive, affective, motivational, or background dimensions hypothesized to be related to school achievement. The sample for which the schedule was designed was parents of fifth grade children from lower class Negro populations attending urban ghetto schools. The interview was administered by an experienced social worker during a scheduled home visit. The schedule was developed on the basis of the rationale used by Wolf (Wolf, R. The measurement of environments. In *Proceedings of the 1964 invitational conference on testing problems*. New Jersey: Educational Testing Service, 1965, 93-106) from whom several questions were adapted. The schedule stresses chiefly current practices assumed to be related to learning differences among children rather than to early antecedent material or psychodynamic processes. The schedule consists of 54 questions with reference to child care practices and attitudes toward the child, eight additional questions eliciting factual information on the home and family, and eight items which constitute an observation checklist completed by the interviewing worker. The first 54 items are divided into five basic categories: "Structure and orderliness of the home"; "Awareness of the child as an individual"; "Concern for education"; "General social awareness"; and "Rationality of Discipline." A sample item is: "What would you do if X got a good mark in school?" Interview schedules were rated on each of the five dimensions using 5-point scales with five representing the greatest amount. Further scoring information, reliability, and normative data are available in the source document which also contains similar information on all 20 instruments used in the achievement project. A copy of the source document which contains the schedule is available from the publisher, [illegible]30 Fifth Avenue, New York, NY 10020.

THE PARENTAL NORM QUESTIONNAIRE

The role patterning of parental norms. *Sociometry*, 1964, 27(3), 328-390.

Emmerich, Walter, & Smoller, Faye, Human Development Research Group, Educational Testing Service, Princeton, NJ 08540

The Parental Norm Questionnaire (PNQ) is an instrument designed to investigate how parental norms for children's interpersonal behavior vary according to a) the parents' sex, b) the child's sex, and c) the "specific other" with whom the child interacts. The questionnaire investigates 10 interpersonal norms. Half of these are presumed to be positive attributes which a parent might wish a child to exhibit: "Assertiveness"; "Friendliness"; "Independence"; "Obedience"; and "Trustingness." The other half are presumed to reflect negative attitudes: "Aggression"; "Avoidance"; "Dependency"; "Overfriendliness"; and "Submissiveness." Six categories of specific others are used in the questionnaire. These are mother, father, teacher, sister, brother, and child's friend. Questionnaire items thus combine each of the 10 interpersonal behaviors or norms, with each of the six specific persons, for a total of 60 test items. Sample items from the scale are "Assertiveness toward mother"; "Aggression toward child's friend"; "Independence toward teacher"; "Trustingness toward father"; "Dependency toward brother"; "Avoidance toward teacher." Parents are provided with a sheet of definitions describing the behaviors characteristic of each of the 10 interpersonal norms. Parents are asked to rate items by giving each statement a value ranging from three to minus three and representing a continuum ranging from: "It is essential that your child act this way" to "It is essential that your child not act this way." No significant effects were found for sex of parent, sex of child, their interaction, or the interaction of these factors with "norm" and "other" variables. Child role expectations reflected in parents' responses seemed to reflect the basic "other-orientedness" of American middle-class society, i.e., "trust" and "friendliness" were seen as more important attributes than "obedience," "independence," and "assertiveness." Reference to the PNQ may be found in Emmerich, W. The parental role -- a functional-cognitive approach. *Monographs of the Society for Research in Child Development*, 1969, 34(8), 1-71. Further information and a copy of the questionnaire may be obtained from the first author.

THE PARENTAL QUESTIONNAIRE

From birth to seven. London: Longmen, 1972.

Davie, Ronald, Butler, N. R., & Goldstein, H., National Children's Bureau, Adam House, 1 Fitzroy Square, London, W1P 5AH, England

The Parental Questionnaire is an instrument designed as part of an extensive developmental investigation in which all children born in England, Scotland, and Wales during the week of March 3 to 9, 1958, are the subjects of a longitudinal study tracing from birth to maturity their physical, educational, and emotional development. The aims also include gathering normative data (educational, psychological, social, and physical) on a representative, national group of British children at key points in their educational careers and, subsequently, investigating cross-sectional relationships at each follow-up, making regional comparisons and investigating longitudinal relationships particularly as they throw light on adverse or above average development. The purpose of the investigation was to attempt to relate the obstetric and social characteristics of the subjects' birth to their subsequent physical, educational, and emotional development. The present questionnaire was designed to gather information on the child's living situation and general emotional and physical condition as reported by the child's mother or mother substitute. It was employed in the first follow-up investigation of subject's progress conducted in 1965 when participants were seven years of age. A second instrument of comparable format was subsequently employed in the second follow-up study in 1969 and was used to tap similar areas of information for subjects at 11 years of age. The Parental Questionnaire is a semi-structured interview outline administered to subjects' mothers in their homes by a Health Visitor. The questionnaire consists of 64 multiple-choice and fill-in type items tapping data in the following developmental areas: "Characteristics of subject"; "Socioeconomic characteristics of subject's parents"; "Medical and maturation history of subject" (e.g., childhood diseases, age of walking, talking, etc.) Sample items from the questionnaire are: "Was the child breast fed?"; "Is (child) bullied by other children?"; "Is (child) disobedient at home?"; "Has (mother) ever been in paid work since child's birth?"; "What is the sort of accomodation occupied by this household?"; "By two years of age was the child talking?" A full statistical appendix is included in the source document. Further information, a list of references related to this project, and a copy of the Parental Questionnaire may be obtained from the author for a small fee.

THE PARENT PRACTICES INVENTORY

Project summary: *The development of behavior dimensions for emotionally disturbed children: A study of relevant indicators for classroom techniques, therapeutic methods, and prognosis.* Interim report, USOE Grant 2003, July 1967, Vanderbilt University, Nashville, TN.

Cromwell, Rue L., Lafayette Clinic, Department of Mental Health, 921 East Lafayette, Detroit, MI 48207

The Parent Practices Inventory (PPI) is an instrument designed to measure child-rearing practices, attitudes, and values. In the first set of items parents are asked to report information related to reinforcement learning theory principles, including kinds, extent, consistency, and timing of positive and negative reinforcement. The second set of items assesses the relative importance of values held by the parents concerning the rearing of children, including education, public behavior, self-care, affection, aggression, sex, and curiosity. The instrument is intended for use with parents of emotionally disturbed children. The test contains 109 items yielding 166 scores. A sample item is: "The longest I have ever stayed angry at this child for any one reason is: a few minutes, an hour or so, about a day, about a week, over a week." The PPI was developed through a succession of drafts, administrations, and analyses, with parents of both disturbed and nondisturbed children serving as primary sources of data in completing the questionnaire items. The instrument is self-administering. The PPI is scored by reference to a code book printed as a companion to the instrument. The mean approximate percent of agreement from test to retest, two to six weeks apart, was .74. A copy of the instrument is available from the author.

PARENT'S BEHAVIOR INVENTORY

Capitol Heights, MD, Early Education Project, 1972.

Conant, Margaret M., Supervisor, Child Study Programs, Prince George's County Public Schools, Upper Marlboro, MD 20870

The Parent's Behavior Inventory is an instrument for the random sampling of behavior of parents or parent-figures during child and parent tutoring sessions. The 35-item inventory describes four areas of parental behaviors: a) Cognitive stimulation (items 1 to 14); b) Affectional support (items 15 to 22); c) Responsibility (items 23 to 31); and d) Control (items 32 to 35). The inventory is completed by an observing tutor after leaving the tutoring session. Approximately five minutes are needed to complete the descriptive sentence inventory. A descriptive sentence sample is: "Attempted to control child's behavior by speaking to him in a positive manner" (control behavior sample). Scoring requires approximately one minute. Normative data are presently available for 68 parents or parent figures. Interrater reliability on the PBI averaged .90 on periodic checks using video tapes of home sessions, actual sessions, and role played sessions. The major applications of the instrument have been in multiple regression analysis to determine if any parent behaviors are correlated with child IQ or IQ changes. The only area of the parent's behavior that has been shown so far to correlate significantly with the child's IQ is "unpleasant verbal control." The correlation was negative. Only one item represented this area. A copy of the instrument is available from the author.

PARENT SYMPTOM QUESTIONNAIRE

Symptom patterns in hyperkinetic, neurotic, and normal children. *Child Development*, 1970, 41(3), 667-682.

Conners, C. Keith, Child Development Laboratory, Massachusetts General Hospital, Boston, MA 02114

The Parent Symptom Questionnaire is a 93-item checklist of symptoms most commonly associated with behavior disorders of childhood. The instrument is intended for use by parents in the description of their children's current functioning at the time of clinical presentation. The instrument contains groups of items which comprise 24 general categories. For each item, the parent is asked to rate the presence and severity of the symptom in the child as he is currently functioning. Items are rated on a 4-point scale ranging from "not at all" to "very much." Sample items are problems of eating: "Picky and finicky"; "Will not eat enough"; "Overweight." The instrument is self-administered and is scored by summing item weights (0, 1, 2, 3) under each symptom category to yield a total symptom score. Items not answered are prorated. The list has been factor analyzed on a sample of clinic outpatients and normal children (N=683). Relatively stable factor structure has been demonstrated across ages and a wide social class range. The list has subsequently been slightly revised to include 10 items in common with the School Symptom Questionnaire which are among those most frequently checked by parents and teachers of outpatient children. A brief 10-item scale is also available and consists of 10 items selected from the larger symptom checklist. Results of the factor analysis plus validity data are available in the source document. To date, the major application of the instrument has been in a study which sought to find discriminable symptom patterns among neurotic, hyperkinetic, and normal children using factor analytic techniques. The conclusion of that study was that few qualitative differences between normal and psychiatrically ill children exist although those groups do differ in the severity of symptomatology. A copy of the instrument is available from the author.

THE PERCEPTION OF PARENT BEHAVIOR SCALE

Fitzsimons General Hospital, Denver, CO

Apperson, Louise B., 2710 Wheeling, Aurora, CO 80010

The Perception of Parent Behavior Scale is designed primarily for research concerning maladaptation in adults as related to patterns of learning occurring throughout development as a result of parent-child interactions. Many other adaptations are possible, however, such as agreement in children's and parents' perceptions of their actions and attitudes. The instrument has already proven useful in clinical work for detecting probable areas of conflict or difficulty. The scale consists of 90 items, each describing something a child might do. There are two forms, one pertaining to the mother and one pertaining to the father. Subjects are required to select those behaviors which they feel would have angered or concerned their parents most if they had done them during their "growing-up" period. Some sample items are: "Touching a wall with dirty hands"; "Riding a bicycle along a busy street"; "Watching two animals having intercourse." Cluster analysis yielded 10 scorable clusters: 1) Emphasis on minor physical complaints; 2) Discouragement of expressions of pride in success; 3) Disturbance about sex; 4) Emphasis on demonstration of affection toward the parent; 5) Emphasis on cleanliness; 6) Disturbances about situations involving minor danger to the child; 7) Emphasis on integrity; 8) Concern for the child's feelings; 9) A somewhat mixed cluster, containing such items as asking to be taken to the library for a school project when she was busy and liking a kind of music she did not enjoy; 10) Emphasis on fulfilling responsibilities around the home. Two more clusters, presently being worked on, will be concerned with expressions of anger and restricting the child in making his own decisions. The scale is usually administered in groups and is self-administering with a few instructions from the examiner. It can usually be completed in about 20 to 30 minutes. Scoring takes about 10 minutes. Normative data are still being prepared, but data are available for test-retest and split-half reliability. Highly significant differences in scores have been found between such groups as schizophrenics, alcoholics, and homosexuals. More information and a copy of the instrument are available from the author.

THE REINFORCEMENT SURVEY FOR CHILDREN

Pasadena, CA, Child Development Center, 1971.

Clement, Paul W., Richard, Robert C., & Hess, Allan P., Child Development Center, 190 North Oakland Avenue, Pasadena, CA 91101

The Children's Reinforcement Survey is an instrument designed to measure and identify potential reinforcers for use with children intended as patients (or subjects) in behavior modification treatment programs. The children's survey is best completed by an informed observer who is familiar with and able to observe the subject daily in all areas of functioning. The parents of children are usually best prepared to complete the survey. The instrument consists of four parts. Each part attempts to identify those reinforcers which are significant to the child in each of the following four reinforcer classes: 1) People; 2) Places; 3) Things (including foods); 4) Activities. For each reinforcer type the parent is asked to list, in order of the child's preference for each, the 10 persons, places, things, and activities for which the child shows the greatest interest, attention or attraction. Then for each of the four reinforcer classes, the parent is similarly asked to list the names of the six persons, places, things, and activities which the parent feels the child would like to devote more attention or interest to but does not or cannot. There are nine items in the survey which identify a total of 74 potential reinforcers, 16 for each reinforcer class (including 10 spaces for preferred foods. Sample survey items are: "List below the things your child spends the most time on each week. Put the place he spends the most time after one, the second most time after two, etc. In making the list, consider such places as the bedroom, family room, playground, classroom, baseball field, etc." The instrument requires about 15 to 20 minutes for completion. It was designed specifically as a clinical tool to be used with out patients, in the clinical management of children. Further information and a copy of the instrument may be obtained from the author. The survey may be purchased in quantity for $.05 per test.

SCHOOL REPORT FORM-STUDY III

Boston, Harvard University, School of Public Health, 1964.

Ekdahl, Miram C., Department of Maternal and Child Health, Harvard University School of Public Health, 55 Shattuck Street, Boston, MA 02115

The Teacher School Report Form-Study III is an instrument designed to measure the adjustment and mental well-being of the children of mentally ill parents, as this adjustment is reflected in the school setting. The instrument was developed as part of a study aimed at investigating the effect of parental mental illness on the welfare of the children of disturbed parents. The project involved an analysis of the problem areas related to parental mental illness, and their effect on children as well as an intervention program designed to assure the care and placement of children during periods of parental incapacitation. The instrument consists of nine items tapping such areas of school adjustment as attendance, grades, aptitude level, etc. Sample items from the Student Report Form are: "Trend of grades, 1) generally upwards, 2) generally downwards, 3) constant, 4) erratic"; "Reasons for absence, 1) illness of child, 2) illness of hospitalized parent, 3) other (specify), 4) not known"; "Does this school consider this child well adjusted?"; "Comments regarding child's attitudes toward 1) school, 2) schoolmates, 3) home, 4) parents, 5) siblings. Response options vary from multiple-choice to short answer or fill-in format. The instrument was completed by the child's parents. The effects of parental mental illness on children's level of school adjustment are reported in the source document. Further information and a copy of the instrument may be obtained from the author.

SHORTENED FORM OF THE CHILDREN'S REPORT OF PARENTAL BEHAVIOR INVENTORY

Storrs, University of Connecticut, 1970.

Aron, Robert D., & Cross, Herbert H., Hartley-Salmon Clinic, Albany Avenue, Hartford, CT 06101

The shortened form of the Children's Report of Parental Behavior Inventory (CRPBI) is a revision of an earlier inventory designed by Schaefer, E. S. (Children's reports of parental behavior: An inventory. *Child Development*, 1965, 36, 413-424). Schaefer's test had six scales of 16 items and 12 scales of eight items. It was designed to measure aspects of parental behavior such as understanding, warmth, and control. A sample item is: "Understands my problems and worries." Subjects were asked to describe their parents' behavior as they remembered it when they were 16 years old by indicating which behaviors are like, somewhat like, or not like the parent being described. The present short version of the CRPBI was obtained by selecting eight items from each of the following scales: "Acceptance"; "Child-centeredness"; "Positive involvement"; "Control through guilt"; "Hostile control"; "Instilling persistent anxiety"; "Nonenforcement and lax discipline." These scales were selected to represent three major factors: "Acceptance versus rejection"; "Psychological control versus autonomy"; and "Firm versus lax control." Correlations between shortened scales and the original 16-item scales ranged from .81 to .96 on a sample of 60 male college students. The test is self-administering, requires about 20 minutes, and is objectively scored. For further information and a copy of the instrument, contact the author, or Herbert J. Cross, Department of Psychology, Washington State University, Pullman, WA 99163.

THE STUDY STAFF SCHOOL REPORT FORM-STUDY III

Boston, Harvard University School of Public Health, 1967.

Ekdahl, Miram C., Department of Maternal and Child Health, Harvard University School of Public Health, 55 Shattuck Street, Boston, MA 02115

The Study Staff School Report Form is an instrument designed to measure the adjustment and mental well-being of the children of mentally ill parents, as this adjustment is reflected in one of two school questionnaires developed as part of a study investigating the effects of parental mental illness on the welfare and care of the children of disturbed parents. The project involved an analysis of the relationship between incidence of inadequate child care, as well as an intervention program designed to assure care and placement of children during periods of parental incapacitation. The instrument consists of 14 items tapping such areas as achievement and academic data, behavior in school setting, attendance, etc. Sample items from the form are: "Are there any subjects which give the child particular trouble?"; "Do you consider him (her) able to do better work?"; "Do you consider him (her) well adjusted?"; "Compared with the rest of the current school year, have the number of absences, during the past 30 days been 1) about the same, 2) more frequent, 3) less frequent?" Responses given on the School Report Form are used to relate changes in parents' mental health to changes in children's scholastic behavior and adjustment. The instrument is completed by project staff members on the basis of information provided by interviews with informants and school personnel. The findings relating parental mental illness to children's school behavior are reported in the source document. Further information and a copy of the form may be obtained from the author.

THE SYMPTOM CHECKLIST

Programmed steps for family intervention. Oregon Research Institute, completed May 1969.

Patterson, Gerald R., Cobb, J. A., & Ray, Roberta S., Oregon Research Institute, P. O. Box 3196, Eugene, OR 97403

The Symptom Checklist is an instrument designed as part of a project aimed at curbing aggressive or "out of control" behavior in male children from the ages of 6 to 14 years old. The project involves the systematic observation of the child and his family and peers in actual home and school settings. From observational data, a program of therapeutic intervention is initiated which involves the restructuring of reinforcement contingencies to which the deviant child is exposed within the family and school. The program thus requires the training for "shaping" more adaptive behavior patterns. The present instrument is specifically employed to assist in the diagnosis or "problem assessment" of the patient seeking participation in the program. The Symptom Checklist is designed to provide information regarding what the parents of the prospective patient perceive to be the problem(s). Only those problems or symptoms for which parents express concern are to be checked. The purpose of the instrument is to ascertain those problems or symptoms that are extreme enough to warrant intervention. The checklist consists of six behavioral symptoms. Sample symptoms are: "Aggressive"; "Anxiety"; "Bizarre behavior"; "Destructive"; "Enuretic"; "Delusions or hallucinations"; "Defiant." Symptoms for which parents express concern are rated on a 7-point scale of desirability ranging from "extremely undesirable" to "extremely desirable." In addition, for each such symptom an estimate of frequency of occurrence is noted. The data obtained by the checklist are used to determine the applicability of intervention program techniques to the particular symptoms reported by parents. Further information regarding the family intervention procedure may be found in: A social engineering technology for retraining the families of aggressive boys. H. Adams and L. Unikel (Eds.) *Georgia symposium in experimental clinical psychology*, Vol. II, Springfield, IL: Charles C Thomas, 1972.

THE TRAIT CHECKLIST
Programmed steps for family intervention. Oregon Research Institute, completed May 1969.

Patterson, Gerald R., Cobb, J. A., & Ray, Roberta S., Oregon Research Institute, P. O. Box 3196, Eugene, OR 97403

The Trait Checklist is an instrument designed as part of a project aimed at curbing aggressive or "out of control" behaviors in 6- to 14- year -old boys. The project involves the systematic observation of the child's interaction with family members, peers, and teachers. From observational data, a program of therapeutic intervention is initiated which involves the restructuring of reinforcement contingencies to which the deviant child is exposed within the home and school setting. The program thus requires the training of parents and teachers such that they themselves are responsible for "shaping" more adaptive behaviors. The present instrument consists of 47 bipolar adjectival scales. Each scale represents a 7-point continuum ranging "-3" to "+3." Sample bipolar scales from the trait checklist are: "Loving-not loving"; "Responsible-irresponsible"; "Tough-timid"; "Dominant-submissive"; "Obedient-disobedient"; "Excitable-calm." Each parent checks the point along each bipolar scale that most accurately represents their perception of their son's behavior. Parent ratings are used to assist in the collection of baseline information on the deviant child which can be used to develop treatment procedures, as well as to assess changes in behavior traits with treatment. A complete description of the intervention procedure may be found in: A social engineering technology for retraining the families of aggressive boys. H. Adams and L. Unikel (Eds.) *Georgia symposium on experimental clinical psychology*. Vol. II. Springfield, IL: Charles C Thomas, 1972. See also: Becher, W. C. Bipolar adjective checklist. *Journal of Consulting Psychology*, 1960, 24, 507-527. Further information regarding the family intervention treatment process and a copy of the Trait Checklist may be obtained from the author.

PERSONAL HISTORY AND DEMOGRAPHIC DATA

ADMISSION CHECKLIST

Standard system of psychiatry. Abbreviated edition, St. Louis, University of Missouri School of Medicine, 1972.

Sletten, Ivan W., Vlett, George A., & Hedlund, James C., 5400 Arsenal Street, St. Louis, MO 63139

The Admission Checklist is an instrument designed to record reasons for seeking help, aspects of dangerousness to self or others, symptoms, and behavior of psychiatric patients at the time of admission. The instrument is designed primarily for use in a hospital computerized clinical information system which permits storage of patient information data and correlation of such data with clinical process and outcome variables. The Admission Checklist is a one-page form in a coded machine readable form. The form is divided into three general sections. The top third of the form allows space for completion of demographic information, 10-word (or less) specification of chief complaint, duration of illness, reason for present admission and other data. The middle third contains the symptom and behavior checklist which contains 184 descriptions to be checked if applicable. The symptoms are generally based on the patient's behavior during the four weeks prior to admission. However, 34 items are to be completed on the basis of patient's entire life history. Sample items of the four-week transient category are: "Significant weight loss"; "Conversion neurosis"; "Disorientation, drug abuse"; "Threats of suicide"; etc. Sample items of the chronic type are: "Homosexuality"; "Arrests"; "Excellent student"; "Frequently fired." The instrument is completed by the admitting physician or other admitting staff professional and is computer scored. The instrument was developed empirically by first including items believed to be related in patient care, treatment, and outcome and then by continual discarding and reconstructing of items as prediction validity was established. Reliability and validity data are available in the source document. To date, the major application of the instrument has been in a computer generated diagnosis program at the University of Missouri School of Medicine. A copy of the instrument is available in the source document.

ADMISSIONS AND BACKGROUND MATERIAL ON PATIENTS

Patients in programs at Area C Community Mental Health Center, Washington, DC, Department of Human Resources, 1971.

Cohen, Lucy M., Deasy, Leila C., El-Hehiawy, Nancy P., & Polivka, Jirina S., Department of Anthropology, The Catholic University of America, Washington, DC 20007

Admissions and Background Material on Patients is an interview outline designed to collect information regarding the personal history of persons being treated for psychological and drug problems at a recently developed Washington, DC, community mental health care center. The purpose of the instrument is to provide information for assessing the nature of patients' experiences (e.g., effects of treatment, reactions to treatment) in such community mental health facilities. The present instrument is intended to collect information on patients' demographic characteristics such as sex, age, race, place of residence, marital and employment status, religious affiliation, education, etc. The schedule contains 33 checklist type items which tap information on five areas of patient history. These are: "Admission data" (type of care and program to which patient is admitted); "Background information"; "Previous medical treatment"; "Source of referral"; "Circumstances around admission." Sample items to be checked by interviewer are: "Date and time of admission?"; "Is client employed?"; "Previous care in private mental hospital?"; "Referred by private agency?"; "Who accompanied patient to the hospital?" Data are obtained by personal interviews conducted with the patient and/or his significant others. The content of the present instrument draws heavily upon a similar interview instrument, Gorwitz, K., Family Services Agency Client Service Record, Maryland State Department of Mental Hygiene. Further information and a copy of the interview schedule may be obtained from the first author.

A CATALOG OF LIFE HISTORY ITEMS

Greensboro, NC, Smith-Richardson Foundation, 1966.

Owens, William A., Institute for Behavioral Research, University of Georgia, Athens, GA 30601

A Catalog of Life History Items serves as an unedited item pool from which biographical information questionnaires can be constructed. The manual contains 114 pages of multiple-choice questions divided into the following subject matter areas: a) Classification data; b) Habits and attitudes; c) Health; d) Human relations; e) Money; f) Parental home; g) Personal attributes; h) Present home, spouse, children; i) Recreation, hobbies, interests; j) School and education; k) Self-impressions; l) Values, opinions, preferences; m) Work. Some sample items are: "What is your present marital status? 1) single, 2) married, 3) married, one or more children, 4) widowed, 5) separated or divorced"; "How often do you tell jokes; 1) very frequently, 2) frequently, 3) occasionally, 4) seldom, 5) can't remember jokes"; "With regard to your brothers or sisters, are you the 1) oldest, 2) youngest, 3) next to youngest, 4) have no brothers or sisters, 5) other"; "What kind of college did you attend as an undergraduate?" (nine choices); "As a boy or young man, did you think you were most often regarded as: 1) unduly sensitive, 2) overconfident--cocky, 3) radical or unconventional, 4) physically, but not mentally, lazy, 5) something else." A copy of the catalog may be obtained by writing The Smith-Richardson Foundation, P. O. Box P-1, Greensboro, NC 27402.

CHILD HISTORY CODE

Project summary: The development of behavior dimensions for emotionally disturbed children: A study of relevant indicators for classroom techniques, therapeutic methods, and prognosis. Vanderbilt University, Nashville, TN, Interim report, USOE Grant 2003, July 1967.

Cromwell, Rue L., Lafayette Clinic, Department of Mental Health, 921 East Lafayette, Detroit, MI 48207

The Child History Code (CHC), Parts A and B, is an instrument designed to measure social, demographic information on emotionally disturbed children. The instrument is intended for use with case file examinations and parental responses to questions and is designed primarily to collect demographic information to facilitate efficient coding, storage, and analysis. The CHC contains 16 items in Part A, to be extracted from case files, and 10 items in Part B, questions directed to parents. A sample item from Part A is: "Present medication, stimulants, depressants, tranquilizers, sedatives, none." A sample item from Part B is: "At what age was this child first viewed as a problem?" The instrument is self-administering. The CHC is scored or coded by reference to a code booklet. A copy of the instrument is available from the author.

THE DEMOGRAPHIC AND SOCIAL FACTORS QUESTIONNAIRE

A systems approach to the determination of patient care factors and associated cost elements. Massachusetts, RCA System Development, 1968.

Hutcheson, Bellenden R., Department of Mental Health, 190 Portland Street, Boston, MA 02114

The Demographic and Social Factors Questionnaire is designed to collect information on the demographic and social correlates of mental patients' psychiatric ill health. It is intended for completion by qualified hospital staff upon patients' admission for psychiatric care. The instrument taps demographic, environmental, and organic factors of possible significance to patients diagnosis and treatment. The instrument consists of 22 fill-in, multiple-choice and yes-no items. Sample items are: "Age at first admission?"; "Number of previous mental hospitals admissions?"; "Was this illness marked by acute onset?"; "Military service?"; "Was there a history of good social functioning?"; "Is there a history of mental illness in blood relatives?" The instrument requires about 10 minutes for completion and is easily hand scored. The instrument was developed for a Massachusetts Department of Mental Health Study investigating efficacy of treatment and mental health care costs. Further information and a copy of the instrument may be obtained from the author.

DEMOGRAPHIC INFORMATION FORM

New York, New York Hospital, Cornell Medical Center, 1970.

Kiev, Ari, & Slavin, Jane R., Cornell Program in Social Psychiatry, New York Hospital, Cornell Medical Center, 525 East 68th Street, New York, NY 10021

The Demographic Information Form has been used to collect biographical information in research studies on a variety of clinical problems in the Cornell Program in Social Psychiatry. The form is filled out by the patient using a free response format. Questions asked refer to living arrangement, age, marital data, education, religion, income, addresses of relative and friends, previous psychiatric treatment, and names of treating physicians. A copy of the form may be obtained from the second author.

FAMILY STUDY QUESTIONNAIRE

Berkeley, CA, University of California, 1968.

Giovanni, Jeanne M., 240 Panoramic Way, Berkeley, CA 94704

The Family Study Questionnaire is an instrument designed to collect a large amount of varied information on family life through interview. The instrument contains 218 items covering such topics as: "Medical information" ; "Pregnancy" ; "Welfare" ; "Family structure" ; "Income" ; "Marital status" ; "Family history" ;"Occupation" ; "Parents' occupation" ; "Schooling" ; "Relatives" ; "Friends" ; "Neighborhood" ; "Religion" ; "Recreation" ; "Child discipline." Sample items are: "When you had your last baby, when did you first see a doctor after you thought you were pregnant?" ; "What is your family's net monthly income?" ; "In the household where you spent the longest period of time when you were growing up, how were you and the others supported?" ; "Is there a man relative you see very often?" ; "How many times have you moved in the last two years?" ; "Do you and your neighbors ever have a drink together?" ; "What sleeping arrangements do you have for your children?" A copy of the instrument is available from the author.

FLORIDA HEALTH STUDY INTERVIEW SCHEDULE

Gainesville, University of Florida, 1971.

Schwab, John J., Department of Psychiatry, College of Medicine, University of Florida, Gainesville, FL 32601

The Florida Health Study Interview Schedule is designed to show the interrelationships among the following variables: "Familial and interpersonal networks"; "Occupational patterns and their correlates, such as income, mobility, and life style"; "Community and societal integration including religion, anomie, and perception of social change"; "A medical systems review along with a detailed listing of physical and mental symptomatology, and attitudes toward a utilization of health care delivery." The schedule, which contains 317 items, was developed over a two year period in which it was tested on 322 respondents in their homes, and on 108 psychiatric inpatients and outpatients. To test the instrument's validity, ratings provided by the psychiatric patients attending psychiatrists were compared with ratings provided by the project psychiatrists. Reliability data are currently being obtained on a random sample of 200 adults who had been interviewed one year ago and who are now going through a multiphasic screening center. Using this Interview Schedule a random sample of 1,645 adults in a southeastern county were interviewed in their homes. Material from the Interview Schedule was compiled into individual protocols which are being rated by psychiatrists for "level of social impairment." In addition, a random sample of 525 adults has been interviewed, using this instrument, in a small, two-county mental health catchment area in central Florida, and plans are currently being made to use this instrument to interview a random sample of 2,000 adults in a mental health district in central Florida. The long range objective is to assess the need for mental health services and evaluate the utilization of services. Copies of the instrument and the table of contents can be obtained by writing the author.

FOLLOW-UP FORM FOR PATIENT AND INFORMANT

Pineville, Central Louisana State Hospital, 1971.

Distefano, Michael K., Jr., Pryer, Margaret, Pryer, Ronald, & Villemarette, Terry J., P. O. Box 31, Central Louisana State Hospital, Pineville, LA 71360

The Follow-up Form for Patient and Informant is an instrument designed to collect information from both patient and informant on the patient's behavior before being readmitted to the hospital. The instrument is intended for use with both the patient being readmitted for hospitalization and a "significant other" and is designed primarily for determining the basis for multiple readmissions. The instrument contains 67 items which are the same for both patient and informant though phrased for each one's use. The items cover patient complaints, self-care, eating and sleeping habits, verbal behavior, moods, mental behavior, and social behavior. Sample items are: "Did you (he, she) feel tired, need help dressing, have trouble sleeping, talk or mumble to self, act loud, noisy, argue with spouse, lie to people." The patient or informant is asked to respond to these items with one of three alternatives, "frequent," "some," "never." Additionally, the subject is required to fill out the Katz Social Adjustment Scale. Sample items are: "During the past few weeks did you (he, she) do the following things, help with household chores, visit friends, help with family budgeting, go to church, take up hobbies, work (regularly, some, did not do)." The instrument is self-administered. A copy of the instrument is available from the author.

THE GENERAL INFORMATION QUESTIONNAIRE

Downey, IL, Veterans Administration Hospital, 1972.

De Wolfe, Alan S., Psychology Research Laboratory (183A), Veterans Administration Hospital, Downey, IL 60064

The General Information Questionnaire (GIQ) is an instrument devised to elicit case history information from schizophrenic patients and other groups so that their pre-morbid, social-heterosexual adjustment can be rated on the Phillips scale (Phillips, L. Case history data and prognosis in schizophrenia. *Journal of Nervous and Mental Disease*, 1953, 117, 515-525). The instrument contains 79 items, all regarding the personal history of the patient such as educational background, number and closeness of friends as a child and as an adult, hobbies, and so on. For 71 of these items, the patient places a check beside the appropriate alternative; the remaining items are brief fill-ins. The test can be administered individually or to small groups. Each individual's score is his Phillips scale rating determined by the clinician. The average validity coefficient for the GIQ, each computed by comparing the Phillips scale ratings by a judge based on information from the GIQ with the average of the Phillips scale case history ratings of the same patients, was .73. Six judges were used. A copy of the instrument and more information about it are available from Robert P. Barrell, Psychology Research Laboratory, Veterans Administration Hospital, Downey, IL 60064.

INFORMANT INTERVIEW FORM

Pineville, Central Louisiana State Hospital, 1971.

Distefano, Michael K., Jr., Pryer, Margaret, Pryer, Ronald, & Villemarette, Terry J., P. O. Box 31, Central Louisana State Hospital, Pineville, LA 71360

The Informant Interview Form (IIF) is a structured interview schedule consisting of the following nine subscales: "Reasons for return"; "Posthospitalization treatment"; "Family reactions to last hospitalization and expectations upon release"; "Symptoms and behaviors shortly before hospitalization"; "Family reactions toward patient"; "Shared family activities"; "Level of performance of socially expected activities (Katz Adjustment Scale, adapted from Katz, M. and Lyerly, S. Methods of measuring adjustment and social behavior in the community: I. Rationale, description, discriminative validity and scale development. *Psychological Reports*, monograph supplement, 1963, 13(4)), "Basic social skills," and "Work activities." Most subscales have only a few items. A variety of answer scales are used for these subscales, e.g., yes-no, frequency continuum, open-ended, etc. The subscale, however, is divided into seven categories: "Complaints" (12 items); "Self-care" (6 items); "Eating and sleeping" (6 items); "Verbal behavior" (6 items); "Mood" (8 items); "Marital behavior" (8 items); and "Social behavior" (5 items). In this subscale, the family member is asked how often, e.g., "frequently," "sometimes," "never," he (she) has seen the patient displaying the symptoms and behaviors. Sample items include: "Drink too much" and "Talk or mumble to yourself." The IIF is appropriate for family members of both sexes. It takes about one hour to complete and is completed by a social worker or a clinical psychologist who is interviewing the family member. The authors of the IIF have also created the Patient Interview Form (PIF) which is identical to the IIF except for the changes in wording to make it appropriate for the patient to describe his (her) behavior and experiences. The authors' research suggests good reliability for both forms. Additional information and a copy of both instruments are available from the first author.

THE LIFE HISTORY QUESTIONNAIRE

The life history questionnaire: Prediction of performance in Navy diver training. University of Texas at Austin, 1971.

Helmreich, Robert, Bakeman, R., & Radloff, R., Department of Psychology, University of Texas, Austin, TX 78712

The Life History Questionnaire (LHQ) is an instrument designed to elicit longitudinal demographic data, providing a question by year matrix of responses. The test assesses experience and behavior during the first 19 years of a person's life. Its intent is to elicit comprehensive information by covering such areas as place of residence; size of hometown; frequency of moves; type and size of residence; size and composition of family; quality of food and clothing; father's and mother's employment, education and occupation; school performance; religious participation; fights with peers, etc. Questions in the LHQ emphasize the occurrence of events rather than attitudes and feelings. For example: "How often did your parents punish you?", rather than, "How strict did you feel your parents were?" An essential feature of the LHQ is the provision for year by year responses. Twelve questions are answered 19 times, once for each year. The other 20 questions ask for responses only for appropriate years, as in questions on dating, school attendance, and school performance. The LHQ is answered on a machine readable answer form from which responses are automatically transcribed onto punchcards producing a matrix of yearly responses. These data are then computer processed by a program developed by one of the authors. The LHQ has been used to predict performance in Navy diver training and is suggested for other predictive as well as research studies. See also: Radloff, R. & Helmreich, R. The life history questionnaire. *Journal Supplement Abstract Service*, 1972, 2, 13; Helmreich, R. The TEKTITE two human behavior program. *Journal Supplement Abstract Service*, 1972, 2, 13. Other references and a copy of the test are available from the author.

THE MEDICAL EXAMINATION FORM

From birth to seven. London: Longman, 1972.

Davie, Ronald, Butler, N. R., & Goldstein H., National Children's Bureau, Adam House, 1 Fitzroy Square, London, W1P 5AH, England

The Medical Examination Form is an instrument designed as part of an extensive developmental investigation in which all children born in England, Scotland, and Wales during the week of March 3 to 9, 1958 were made the subjects of a longitudinal study tracing their physical, educational and emotional development from birth to maturity. The purpose of the study was to attempt to relate the obstetric and social characteristics of subjects' births to their subsequent physical, educational, and emotional development. The aims also include gathering normative data (educational, psychological, social, and physical) on a representative, national group of British children at key points in their educational careers and, subsequently, investigating cross-sectional relationships at each follow-up, making regional comparisons, and investigating longitudinal relationships, particularly as they throw light on adverse or above average development. The present instrument was designed to provide a relatively structured procedural outline by which participating physicians could test and record various aspects of subjects' physical development in a manner that would yield consistent and comparable data from subject to subject. The instrument consists of a) a manual for Medical Officers in which the format of the examination and procedure for medical tests are specifically outlined so as to reduce examiner variability, and b) a Medical Examination Form on which the results obtained from the above examination are systematically recorded. Two follow-up studies have been undertaken to date, the first in 1965 when subjects were age seven, and the second in 1969 when subjects were age 11. The present instrument was used in the second follow-up study. The Medical Examination Form consists of seven physical assessments: "Measurement of height"; "Measurement of weight"; "Assessment of puberty"; "Speech test"; "Clinical hearing test"; "Tests of far, near, and color vision"; "Motor coordination tests." The apparatus and procedure for securing height, weight, sight, and hearing assessments are listed in a step by step fashion in the Medical Officers Manual. Photographs of genital and breast development are provided to assess puberty. Motor coordination is assessed by having the subject walk backwards, stand on one foot for 15 seconds, stand heel to toe for 15 seconds, and bounce and catch a tennis ball. In addition to the above assessments, the medical officers were required to complete a full systemic medical examination. Further information, a list of references related to this project, and a copy of the Medical Examination Form and the accompanying Manual may be obtained from the author for a small fee. A full statistical appendix is available in the source document.

THE MEDICAL QUESTIONNAIRE
From birth to seven. London: Longman, 1972.

Davie, Ronald, Butler, N. R., & Goldstein, H., National Children's Bureau, Adam House, 1 Fitzroy Square, London, WIP 5AH, England

The Medical Questionnaire is an instrument developed as part of an extensive developmental study, the National Child Development Study, in which all babies born during the week of March 3 to 9, 1958, in England, Scotland, and Wales were made the subjects of an 11-year longitudinal investigation of the children's physical, educational, and emotional development from birth to maturity. The aims also include gathering normative data (educational, psychological, social, and physical) on a representative, national group of British children at key points in their educational careers and, subsequently, investigating cross-sectional relationships at each follow-up, making regional comparisons, and investigating longitudinal relationships, particularly as they throw light on adverse or above average development. In 1965 when the nearly 16,000 involved were seven years old, over 92 percent of the group was traced and a great deal of information was gathered from schools and parents. A second follow-up study at 11 years was undertaken as part of the attempt to follow subjects' progress to maturity. One purpose of the endeavor is to relate the physical, educational, and emotional development of the subjects to obstetric and social data obtained at the time of the subjects' births. The Medical Questionnaire was employed specifically to provide for the systematic collection of data on the physical progress of subjects. The questionnaire is completed by a physician in consultation with the child's parent. The instrument consists of questions regarding the physical development of subjects in the following areas, "ear, nose, and throat"; "cardivascular system"; "respiratory system"; "alimentary and urogenital systems"; "metabolism and blood"; "skin." The instrument consists of checklist items which are rated "yes," "no," or "don't know," and fill-in items for which the particular results of hearing, vision, urine, etc., tests are recorded. Sample items from the Medical Questionnaire are: "Any spinal trouble?"; "Has any parent, brother, or sister had a fit or convulsion?"; "Any thyroid, pituitary, or adrenal gland disorder?" Also provided beside items are spaces for specifying the age the symptom appeared and the frequency of the symptom's occurrence in the past 12 months. A full statistical appendix is available in the source document. Further information, an extensive bibliography of references related to this study, and a copy of the instrument are available from the author for a small fee.

MONTANA MENTAL HEALTH SURVEY
Bozeman, MN, Montana State College, 1972.

Kraenzel, Carl F., Sociology Department, University of Texas at El Paso, El Paso, TX 79968

The Montana Mental Health Survey, consisting of 67 items, was designed to provide information on the subject's current location and household composition, household and family history, present and past employment, social participation, recreational activities before and after hospitalization, family reactions to discharge, migration and residence history, and paths to treatment. Most items are open-ended and can be answered by either the subject or an informant. The instrument was included in a longitudinal study of all patients discharged from the state hospital from 18 of the most sparsely populated counties in Montana. Results of the study are published in Montana State University Station Bulletins Nos. 634, 646, and 647. These bulletins are available from the Experiment Station, Montana State University, Bozeman, MT 59715. A copy of the Montana Mental Health Survey is available from the author.

NEW HAVEN COMMUNITY HEALTH SURVEY
New Haven, Yale University, 1969.

Myers, Jerome K., Department of Sociology, 202 Williams Hall, Yale University, New Haven, CT 06520

The New Haven Health Survey is an interview format instrument designed to collect biographic and demographic data about persons living in various sectors of the New Haven community. The purpose of the instrument is to relate various reported biographic and demographic characteristics to the physical and psychological well-being of respondents. The interview is divided into five parts. Part I deals with basic biographic data such as ethnic origin, family size, socioeconomic status, and general health history. Part II consists of questions regarding the respondent's emotional stability and psychological adjustment. Part III taps aspects of the respondent's personal history such as temperament, interests, quality and quantity of social relationships with family and peers, and satisfaction with job. Part IV deals with the nature and frequency of family crises and asks questions that tap the psychological and physical effects of such crises on individual members of the family. Part V refers back to the medical problems and crises reported by the respondent and taps changes (for the better or worse) in the situation, symptoms, or illnesses. Sample items from these five parts are: 1) "Who is the chief bread winner in the household?"; "How many people reside in the household?"; "Have you had any of the following during the past year: ulcers, diabetes, high blood pressure?"; 2) "Do you have any trouble getting to sleep?"; "Do you ever hear voices without knowing where they come from?"; "Do your hands ever tremble enough to bother you?"; 3) "About how often have you visited with friends at their homes in the past month?"; "Do you now belong to any clubs, lodges, unions, or other organized groups?"; 4) "Did the (crisis) event affect any other of your usual activities?"; "Did you seek help from a rabbi, priest, minister, psychologist?"; 5) "Have there been any changes in any of the health conditions you told me about?"; "When crisis occurred how much were you affected emotionally?" Further information and a copy of the survey may be obtained from the author.

PATIENT INTERVIEW FORM

Pineville, Central Louisiana State Hospital, 1971.

Distefano, Michael K., Jr., Pryer, Margaret, Pryer, Ronald, & Villemarette, Terry J., P. O. Box 31, Central Louisana State Hospital, Pineville, LA 71360

The Patient Interview Form (PIF) is a structured interview schedule consisting of the following nine subscales: "Reasons for return"; "Posthospitalization treatment"; "Reactions to last hospitalization and expectations upon release"; "Symptoms and behaviors shortly before hospitalization"; "Perception of the family's reaction toward him (her)"; "Shared family activities"; "Levels of performance of socially expected activities" (Katz Social Adjustment Scale, adapted from Katz, M. & Lyerly, S. Methods of measuring adjustment and social behavior in the community: I. Rationale, description, discriminative validity, and scale development. Psychological Reports, 1963, 13(4)), "Basic social skills"; and "Work activities." Most subscales have only a few items. A variety of answer scales are used with these subscales, e.g., yes-no frequency continuum, open-ended, etc. The symptoms and behavior shortly before hospitalization subscale, however, is divided into seven categories: "Complaints" (12 items); "Self-care" (6 items); "Eating and sleeping" (6 items); "Verbal behavior" (6 items); "Mood" (8 items); "Marital behavior" (8 items); and "Social behavior" (5 items). In this subscale, the patient is asked how often, e.g., "frequently," "sometimes," "never," during the past few weeks he (she) has encountered the symptoms and behaviors. Sample items include: "Drink too much alcohol," and "Talk or mumble to yourself." The authors of the PIF have also created the Informant Interview Form (IIF) which is the same interview schedule as the PIF except for the changes in the wording to make it appropriate for a family member to describe the patient's behavior and experiences. The author's research suggests good reliability for both forms. Additional information and a copy of both instruments are available from the first author.

PATIENT REGISTRY FORM

Anchorage, Alaska Psychiatric Institute, 1970.

Koutsky, Carl D., Alaska Psychiatric Institute, Department of Health and Welfare, 2900 Providence Avenue, Anchorage, AL 99504

The Patient Registry Form is a biographical data blank used in collecting research data in the mental health field. The form is filled out by the physician immediately upon discharge of the patient and forwarded to a coding clerk who converts some of the narrative descriptions to a form suitable for machine processing. A general purpose computer program is used to maintain a magnetic tape file and to extract specialized information and prepare printed and graphic output. The form consists of 50 questions concerning the personal and mental health of the patient. Some of the areas covered by these questions include legal status, residency, origin, education, occupation, income, diagnosis, marital, and military history. A copy of the form is available from the author.

PERSONAL DATA FORM QUESTIONNAIRE

Characteristics of university students with emotional problems. Canadian Psychiatric Association Journal, 1969, 14, 481-492.

Boyce, R. Murray, & Thurlow, H. J., Student Health Service, University Community Center, Room 14, The University of Western Ontario, London 72, Canada

The Personal Data Form Questionnaire is an instrument designed to measure background characteristics associated with emotional problems among university students. The questionnaire elicits information relevant to 49 social and medical variables and is intended primarily to serve as a discriminating instrument between psychiatric and control populations of university students. The questionnaire consists of 48 items mostly of the multiple-choice type with some fill-ins. Sample items are: "Do you smoke cigarettes?"; "Do you have migraine headaches?"; "Are you losing hair?" The instrument was adapted from the Personal Data Form used in an investigation of student psychiatric problems at the University of Western Ontario (Boyce, R. M. & Barnes, D. S. Psychiatric problems of university students. Canadian Psychiatric Association Journal, 1966, 11, 49-56). The instrument is self-administered. Validity and normative data are available in the source document. To date the major application of the instrument has been in a study which sought to clarify background variables of students at the University of Western Ontario. Results of that study and plans for a factor analysis are presented in the source document. A copy of the instrument is available from the author.

PERSONAL HISTORY SCHEDULE
The Fort Logan Lodge: Intentional community for chronic mental patients. Final report, NIMH grant MH-15853-02, April 1971.

McDonald, Ladd, 6569 Camino Venturoso, Goleta, CA 93017

The Personal History Interview Schedule (PHIS) is one of a series of instruments designed to identify important variables affecting the success of a community-based, group-oriented, social and work program (the Lodge) for the rehabilitation of the refractory, long-stay mental patient. The PHIS was specifically designed to supply information, 24 variables including the three main variables of hospital history since age 18, residential history since age 18, and work history since age 18. The subject fills out the form himself with the interviewer's assistance where needed.

PLANNED SHORT-TERM STUDY PROJECT INSTRUMENT, SCHEDULE II
Los Angeles, University of Southern California, 1965.

Parad, Howard J., School of Social Work, University of Southern California, University Park, Los Angeles, CA 90007

The Planned Short-Term Study Project Instrument, Schedule II (abstractor's title) is an interview schedule designed to elicit information concerning a client/patient during and after the completion of treatment. This instrument contains six sections: a) Identifying data, name of clinic, therapist's initials, case number, identifying primary parent (the adult family member most frequently interviewed); b) Closed case, date of terminal interview, parent's attitude about termination, reasons for closing, planned follow-up assessment; c) Continuing cases, date of most recent interviews, current status, future plans; d) Interview data, number of in person interviews as of closing (continuing) data, number of interviews with patient, number of different family members seen; e) Time data, length of interviews, length of treatment; f) Case evaluation, major treatment focus, identification of main problem, crisis situation, ego function of primary client or primary child patient (the child most frequently interviewed), gross clinical diagnosis, overall rating of family, evaluation of degree of change within patient." The instrument is completed by the mental health worker who is handling the case. This instrument is used along with the Planned Short-Term Study Project Instrument, Schedule I, developed by the same author. Schedule I involves before treatment measurements. Additional information and a copy of both instruments are available from the author.

PRE-INTAKE QUESTIONNAIRE
Patient sex differences and selection for individual psychotherapy. Journal of Nervous and Mental Disease, 1969, 148(2), 124-133.

Rice, David G., Department of Psychiatry, University of Wisconsin Medical School, 1300 University Avenue, Madison, WI 53706

The Pre-Intake Questionnaire (a title supplied by the abstractor) is an instrument designed to measure demographical, social, and symptomatic characteristics of students who apply for individual psychotherapy. The instrument is intended primarily for use with college populations and is designed for studying which characteristics of students covary with acceptance and rejection for treatment in clinic facilities. The questionnaire contains 28 items. The first 19 items elicit standard social and demographic information. Item 20 is a symptom checklist of 20 descriptions of areas of concern for which the respondent is asked to indicate those that are "true" or "mostly true" for him. Sample descriptions are: "Have problems with the opposite sex," and "Am often lonely." The final 18 items are either forced choice or open-ended and cover expectations and attitudes toward psychotherapy. A sample item is: "Do you think your therapist will have talked to anyone with problems like yours before?" The complaint checklist items were developed by asking clinic staff members to list the most common presenting complaints of students. The 20 most frequently mentioned complaints were accepted to comprise item 20. The questionnaire is self-administered and responses are separately correlated with either subsequent acceptance or rejection of therapy. To date, the major applications of the instrument have been in research concerning selection criteria for psychotherapy. Results of one such study utilizing 594 student respondents is reported in the source document. An additional reference reporting application of the instrument to a study of differentiating characteristics of Jewish versus non-Jewish students seeking therapy is Rice, D. G. & Sternbach, R. A. The New York Jewish student syndrome: Stereotype and facts. Personnel and Guidance Journal, 1969, 410-416. A copy of the instrument is available from the author.

PSYCHIATRIC ANAMNESTIC RECORD
New York State Department of Mental Hygiene, 1969.

Spitzer, Robert L., & Endicott, Jean, Biometrics Research, New York State Department of Mental Hygiene, 722 West One hundred and sixty-eighth Street, New York, NY 10032

The Psychiatric Anamnestic Record (PAR) is one of six forms for recording psychiatric status and history suitable for use in an automated record keeping system. The other five forms are Problem Appraisal Scales, Psychiatric Diagnosis Recording Form, Mental Status Examination Record, and Periodic Evaluation Record-Community Version. These forms are being used in the Multistate Information System for Psychiatric Patients Project. The project involves hospitals and mental health centers in seven northeastern states. Information from these forms is fed into a computer system which produces a computer generated narrative that becomes part of the patient's record. All of these forms are 8 1/2" by 11" documents that are designed for data processing by an IBM 1230 series optical reader. The PAR is a four-page form designed to cover the information that is generally included in a psychiatric case history. Its coverage includes current condition, psychiatric disturbance in family, previous psychiatric treatment, childhood problems, friendship patterns, education, intellectual capacity, occupational history, sexual adjustment, marital history, physical health, personality traits, and history of arrests. Psychopathological signs and severity of illness for various time periods are also covered. More information and a copy of the instrument may be obtained from the first author.

PSYCHIATRIC CASE HISTORY EVENT SYSTEM
Psychiatric case history event system: Transcription procedures with lexicons (volume 1) and manual of computer procedures (volume 2). Los Angles, Reiss-Davis Child Study Center, October 1969.

Eiduson, Bernice T., & Ramsey-Klee, Diane M., Department of Psychiatry, School of Medicine, University of California at Los Angeles, Los Angeles, CA 90024

The Psychiatric Case History Event System (PsyCHES) is a generalized information processing system for conversion of case history data into computer acceptable form for subsequent retrieval and analysis. The PsyCHES permits personnel to automate the maintenance of the total case history file on a patient as collected by an institution and to store the case history in such a manner that it can be retrieved in ways that are most useful for research, clinical, and administrative purposes. The PsyCHES makes it possible for the information base to comprise the total pool of data or information collected about an individual, a phenomenon, or certain behaviors. From this total pool, information pertinent to specific problems is retrieved, but the total information pool remains available for subsequent retrieval. In the PsyCHES system, the Event is the common unit into which all data are transcribed. The Event encompasses two kinds of phenomena, factual objective data, the validity of which can be established by outside criteria, and subjective, judgmental, impressionistic data. For example, "Events" such as "adoption" or "accident" are objective and can be validated. Others such as "anxiety" and "adjustment" are inferential, subjective, second or third level constructs. An Event is transcribed as an Event Statement, which consists of a set of standardized fields completely defining each Event. The Event Statement includes Event-Name, location, object, reporter, and supplementary information unique for that Event. The supplementary data are placed in format fields called descriptors or modifiers. Additional references are: Eiduson, B. T. An approach to automating psychiatric narrative records. International Journal of Psychiatry, 1970, 9, 628-636. Further information and a copy of the manual are available from the author.

THE PSYCHIATRIC HISTORY
Geneva, World Health Organization, 1969.

International Pilot Study of Schizophrenia, no address

The Psychiatric History Schedule was developed as part of the International Pilot Study of Schizophrenia, a World Health Organization Project aimed at establishing whether comparable cases of schizophrenia and other functional psychoses can be reliably identified and assessed in different cultures of the world. The purpose of the instrument is to provide a systematic procedure by which an interviewing psychiatrist may record the onset, symptomology, and course of the patient's illness. Ratings are based upon information provided by the patient and his family, case reports, and informant reports. The rating procedure requires about 60 minutes for completion. The Psychiatric History Schedule samples such areas as: a) Present attack; b) History of treatment (electroconvulsive therapy, drug therapy); c) Premorbid personality traits (oversensitive, rebellious, prone to mood swings); d) Life history (death of either parent, sibling rivalry); e) Work history (frequency of job changes, satisfaction with work); f) Psychosexual adjustment (heterosexual activities, homosexual tendencies); g) History of use of alcohol and drugs (drinking problems, excessive use of amphetamines, barbiturates, morphine, hallucinogenics); h) Contact with law (frequency, sorts of offenses, time spent in correctional institutions). Also included in the instrument is a symptom checklist describing 59 symptoms from which the interviewer is asked to select those symptoms which most accurately describe the patient. Sample items from the checklist are: "Withdrawal from social contacts"; "Overactivity and agitation"; "Sucidal Tendencies"; "Use of nonsocial speech"; "Use of Neologisms." A detailed description of the project and the application of this instrument are contained in the report of the International Pilot Study of Schizophrenia, WHO, 1973, Vol. 1. Further information regarding the project report and a copy of the instrument may be obtained from Dr. N. Sartorius, Senior Medical Officer, Office of Mental Health, World Health Organization, 1211 Geneva 27, Switzerland.

RESEARCH HISTORY AND EVALUATION

Cleveland, Cleveland Psychiatric Institute, 1966.

Friedman, Ira, & Paolino, Albert F., 1708 Aiken Avenue, Cleveland, OH 44109

The Research History and Evaluation is an instrument designed to provide historical material including psychological and sociological-demographic variables bearing on a patient's present hospitalization. The first page of the 17-page instrument requires demographic information primarily for the purpose of a follow-up study. In subsequent pages, the following variables are assessed: "History of prior hospitalization and treatment interventions while not in the hospital"; "Observed-behavioral reasons for admission"; "Phenomenological-patient's verbalized reasons for admission"; "Psychologically relevant environment for the patient"; "Marital history"; "Generational nativity"; "Rearing configuration"; "Sibling status"; "Mobility"; "Religious factors"; "Religious homogeneity of parents"; "Occupational history"; "Financial stress"; "Living arrangements"; and "Rent." A sample item is: "Is patient head of household?"; "If not, who is?"; "Describe." The instrument was developed by joint effort of psychologists, psychiatrists, social workers, and sociologists. The instrument is administered in an interview by a trained case-worker aide in approximately two hours. All data are transformed to IBM tapes for retrieval and storage. The instrument is used in conjunction with a follow-up interview. To date the major application of the instrument has been in a study of some 1,449 patients at the Cleveland Psychiatric Institute admitted between November 1966 and May 1968. A copy of the instrument is available from the second author at the Laboratory of Psychosocial Research, Cleveland Psychiatric Institute, 1708 Aiken Avenue, Cleveland, OH 44109.

SOCIOLOGICAL QUESTIONNAIRE

Boston, Project Headstart, Division of Mental Hygiene, 1965.

Hutcheson, Bellenden R., Department of Mental Health, 190 Portland Street, Boston, MA 02114

The Sociological Questionnaire is an instrument designed as part of a Headstart program aimed at: a) Developing an index of participants' characteristics that can be used to evaluate each child and make recommendations as to the child's placement and progress; and b) The total population enrolled in project Headstart of the Massachusetts Division of Mental Hygiene. The Sociological Questionnaire was designed to provide information on the biographic and demographic characteristics of the preschool age children participating in the Headstart educational program. The instrument is designed to tap such variables as "Family history"; "Religious and racial background of family"; "Education of parents"; "Socioeconomic position of parents"; "Child's sibling position"; and "Conditions of the household in which the child resides" (e.g., parents separated, death of either parent, prolonged illness of family member, etc.). Sample items from the questionnaire are: "Father living at home?"; "Main breadwinner?"; "Did child ever live apart from either parent?"; "Number of children in family?"; "Total family income?" The questionnaire consists of 41 items and is filled out by the child's teacher. Completion of the questionnaire requires 10 to 25 minutes. The questionnaire was developed by a team of mental health professionals, including sociologists, child psychiatrists, and clinical psychologists in consultation with experienced teachers of preschool age children. Further information and copies of the child evaluation instrument used in the project may be obtained from the author.

STUDENT INFORMATION FORM

Washington, American Council on Education, 1966-73.

Office of Research, American Council on Education, 1 DuPont Circle,
Washington, DC 20036

The Student Information Form is an instrument designed to obtain information from entering college freshmen. The instrument is intended for use with college students and is designed primarily to establish and maintain a comprehensive file of information for research in higher education. Data collected from the survey forms include demographic characteristics, high school experiences and activities, high school achievements, finances, aspirations, attitudes and values. The Student Information Form was developed through the Cooperative Institutional Research Program (CIRP) which conducts the ongoing data collection. The instrument is self-administered under proctored conditions and requires approximately 25 minutes to complete. It is designed to be processed onto magnetic tape by an optical scanner. Reliability, validity, and normative data are available from the American Council on Education. The major applications of the instrument have been in curriculum and program evaluation, public information, institutional research, and comparisons with local and national groups of institutions. The manual, The ACE Office of Research - - Its Purposes and Activities, provides more information about the Student Information Form. A more comprehensive summary of the study and an annotated bibliography of complete studies using the instrument can be obtained by writing to the American Council on Education.

SURVEY FORM A-7
Zagreb, Yugoslavia, Institute of Public Health of Croatia, 1966-67.

Kulcar, Zivko, Crocetti, Guido M., Lemkau, Paul V., & Kesic, B., Institute of Public Health of Croatia, Division of Chronic Diseases, Zagreb, Yugoslavia

The Survey Form A-7 is designed to add information to and partially verify the data on people suspected of being psychotic from their interview with the S-Form, developed by the same authors. The A-7 Form gathers information on the social background, history, education, employment history, social insurance coverage, marital status, role in the family, family history, housing situation, social life, and the nurse's general impression concerning the character and psychological makeup of these individuals. The form is filled out by nurses who have worked in the locality and who have received special training. It consists of 52 items of both multiple-choice and fill-in types. Some sample items are: "Changes of employment in the last 10 years" (fill-in); "Participation in social life, a) family (household) groups, b) meetings of cultural societies (clubs) or groups, c) meetings of political organizations, d) parties of friends, e) attendance at church"; "Character traits, a) no abnormalities noted or reported, b) prevalently in a happy mood, c) prevalently in a depressed mood, d) nervous, e) anxious, f) impulsive, g) no reply." The A-7 Form is used to prepare the data on individuals suspected of psychosis before they are given the P-4 Form developed by the same authors. The study for which the form was devised is described in Lemkau, P. V., Kulcar, Z., Crocetti, G. M., & Kesic, B. Selected aspects of epidemiology of psychoses in Croatia, Yugoslavia. *American Journal of Epidemiology*, 1971, 94(2), 112-134. Copies of the instrument and manual are available from Paul V. Lemkau, School of Hygiene and Public Health, Johns Hopkins University, Baltimore, MD 21205.

TRAUMATIC EXPERIENCE RATING SCHEDULE
Bozeman, Montana State College, 1972.

Kraenzel, Carl F., Sociology Department, University of Texas at El Paso, El Paso, TX 79968

The Traumatic Experience Rating Schedule consists of 63 items plus identification data. Items concern possible traumatic experiences in the areas of family life, social life, achievement situations, death, physical illness, mental illness, criminal activity, and suicide. Subjects are asked to indicate, on a 4-point scale, which of these experiences they have had. Sample items are: "Death of spouse or betrothed"; "Presence at the scene of a severe accident, a) during your early childhood, when under 14, b) during your youth, age 14 to 21, c) when you were 21 or over"; "Recognition that a spouse or child or other intimate person is mentally ill and/or an alcoholic." The scale was included in a longitudinal study of all patients discharged from the state hospital from 18 of the most sparsely populated counties in Montana. Results of the study are published in Montana State University Experiment Station Bulletins Nos. 634, 646, and 647. These bulletins are available from the Experiment Station, Montana State University, Bozeman, MT 59715. A copy of the Traumatic Experience Rating Schedule is available from the author.

PERSONALITY / ADULT CHECKLISTS

ACTIVATION-DEACTIVATION ADJECTIVE CHECKLIST

Measurement of activation through self-report. Psychological Reports, 1967, 20, 773-678.

Thayer, Robert E., Department of Psychology, California State University, Long Beach, CA 90801

The Activation-Deactivation Adjective Checklist (AD ACL) provides simple multi-dimensional measurements of activation states within an experimental setting (three minutes testing time). Subjects rate their momentary feelings on each of a group of activation-descriptive adjectives embedded among other mood-descriptive adjectives. Various factor analytic studies on responses to these adjectives have yielded four orthogonal activation dimensions: "General activation (e.g., lively, active, full of pep)"; "High activation (e.g., clutched up, jittery, stirred up)"; "General deactivation (e.g., at rest, still, leisurely)"; and "Deactivation-sleep (e.g., sleepy, tired, drowsy)." The activation dimensions have been shown to correlate substantially with concurrent psychophysiological measurements, and to be sensitive to a variety of activation inducing treatments. Validation research has been limited to adult populations with average to high verbal facility. The stability of the derived factor analytic dimensions is variable; general activation and deactivation-sleep were most stable in several studies, while high activation and general deactivation were least stable. Reliability of measurement averages were .75. Various dimensions of the AD ACL would be useful in assessing high (anxiety related), moderate, and low (sleep related) activation states. For example, the AD ACL was used in research involving circadian rhythms including presleep states, verbal learning, college exams, and anxiety inducing instructions. See Thayer, Robert E. Activation states as assessed by verbal report and four psychophysical variables. Psychophysiology, 1970, 7, 86-94. A copy of the instrument and instructions may be obtained by ordering NAPS Document 00718 from ASIS National Auxiliary Publications Services, in care of CCM Information Sciences, Inc., 22 West Thirty-fourth Street, New York, NY 10001.

ASYMMETRICAL PREFERENCE TEST

Brainstorming and orneriness as facilitators of creativity. Psychological Reports, 1965, 16, 577-583.

Lindgren, Henry, & Lindgren, Frederica, Department of Psychology, California State University at San Francisco
1600 Holloway, San Francisco, CA 94132

The Asymmetrical Preference Test (APT) was developed to provide a measure of creativity. The APT was developed from two sets of adjectives used in a study that found a positive correlation between preference for asymmetrical art and selection of "ornery" self-descriptive adjectives (Baron, F. Creativity and Psychological Health. Princeton: Van Nostrand, 1963). One set of APT Adjectives includes such words as "peaceable," "agreeable,"and "contented," and the other set includes such words as "ornery," "difficult," and "asocial." The instrument is a forced choice self-administering questionnaire consisting of 30 pairs of self-descriptive adjectives. The respondent is to choose that adjective from each pair that best describes him. Response set is controlled to the extent that adjectives are not paired in opposites. Sample items are "Timid-bitter"; "Irritable-conservative"; "Gloomy-thrifty." Administration takes about 10 minutes and hand-scoring requires about one minute. Split-half reliability was .89 for a sample of 173 psychology undergraduates. Concurrent validity was demonstrated in several studies that related "orneriness" scores (number of "ornery" adjectives checked) to measures of creativity. One study demonstrated correlation coefficients ranging from .24 to .37 between orneriness and creativity, as measured by judges' ratings of the creativity of captions given by subjects to three drawings. Further information and a copy of the APT may be obtained from the author.

CHECKLIST FOR ANXIETY-BEHAVIOR OBSERVATION

Desensitization and relaxation in the modification of psychiatric patients' interview behavior. Journal of Abnormal Psychology, 1968, 73(1), 18-24.

Zeisset, Ray M., Lincoln Regional Center, P. O. Box 80499, Lincoln, NB 68501

The Checklist for Anxiety-Behavior Observation (CABO) is an instrument designed to measure the anxiety of subjects during an interview. This instrument consists of 13 observable indicants of anxiety, e.g., extraneous arm movements, no eye contact, breathes heavily, face expressionless, moistens lips, fidgets in chair, extraneous foot and leg movements, hands clasped, clutching, speech quivers, stammers, blocks, face muscles tense. Eight of the items were taken from the Timed Behavioral Checklist for Performance Anxiety. (Paul, G. L. Insight versus desensitization in psychotherapy. An experiment in anxiety reduction. Stanford: Stanford University Press, 1966.) The presence or absence of the anxiety indicator is recorded by two observers at 10 different time periods during the interview. The instrument provides spaces for the 10 recordings. Spearman-Brown reliability coefficients for four pairs of observers ranged from .88 to .96. Additional information and a copy of the instrument are available from the author.

THE FEAR SURVEY SCHEDULE

The Fear Survey Schedule. Journal of Consulting and Clinical Psychology, 1969, 33, 705-709.

Fazio, Anthony F., Department of Psychology, University of Wisconsin, Milwaukee, WI 53201

The Fear Survey Schedule is an instrument designed to provide information about the kinds of stimuli that cause fearful or unpleasant feelings in respondents. The instrument is essentially a checklist of possible fear stimuli which subjects rate in terms of the degree to which they find unpleasant or are afraid of the situation or object depicted by test items. The test consists of 76 items. Some of the fear categories sampled by the survey are: 1) Fear of sickness or physical deformity; 2) Fear of animals; 3) Fear of rejection or loss of esteem; 4) Fear of violence; 5) Fear of physical forces. Sample items from the test are: "Prospect of surgical operation"; "Doctors"; "Sick people"; "People with deformities"; "Bats"; "Large ugly insects"; "Cats"; "Birds"; "Being teased"; "Strangers"; "Being in a strange place"; "Parting from close friends"; "Looking foolish"; "Angry people"; "Sight of fighting"; "Feeling angry"; "Sight of deep water"; "Thunder"; "Sirens"; "Falling"; etc. Each item is rated in terms of a 5-point scale consisting of the following response options, "not at all," "a little," "a fair amount," "much," "very much." A check is placed beside the rating that describes the degree of fear or unpleasantness aroused by the stimuli. The Fear Survey Schedule requires about 30 to 45 minutes for completion, is self-administering, and easily hand scored. An experimental application of a modified version of The Fear Survey may be found in the source document. Reliability and validity information as well as a copy of the instrument may be obtained from the author.

A FEMININITY ADJECTIVE CHECK LIST

A Femininity Adjective Check List. Journal of Applied Psychology, 1959, 43(5), 327-333.

Berdie, Ralph F., Office of Admissions and Records, Morrill Hall, University of Minnesota, Minneapolis, MN 55455

A Femininity Adjective Check List is an instrument designed to provide an easily obtainable index of psychological masculinity-femininity. In developing the checklist, the author started with 300 adjectives contained in the Gough Adjective Checklist (Gough, H. G. Reference handbook for the Gough Adjective Checklist. Berkeley: University of California Institute of Personality Assessment Research, 1955). Review of other studies of masculinity-femininity resulted in some additions to this list. A femininity score is derived from 61 adjectives embedded in a list of 148 adjectives that are descriptive of themselves. A standardization sample showed that 46 of 148 adjectives are checked significantly more often by women than by men and 15 adjectives are checked significantly more often by men than by women. Some adjectives of the former type include "affectionate," "appreciative," "artistic," "charming," and "cheerful." These are given a score of "+1." Some adjectives of the latter type are "aggressive," "athletic," "calm," and "cautious." These are given scores of "-1." The total score consists of the sum of the scores on these items. Most subjects require a minute or two to check the list. Reliability data, validity data, a factor analysis, and a copy of the instrument are all available in the source document.

HABITS OF NERVOUS TENSION QUESTIONNAIRE

Observations on some possible precursors of essential hypertension and coronary artery disease. Bulletin of the Johns Hopkins Hospital, 1963, 113(4), 225-238.

Thomas, Caroline Bedell, Study of Precursors of Hypertension and Coronary Disease, The Johns Hopkins University School of Medicine, 725 North Wolfe Street, Baltimore, MD 21205

The Habits of Nervous Tension Questionnaire was devised in 1947 as a method of differentiating healthy medical students on the basis of their reaction patterns in situations of undue pressure or stress. It was part of a Habit Survey completed by 1,168 Johns Hopkins medical students in classes graduating between 1948 and 1964. The questions concerned a range of physiological and psychological changes which might be observed by the student. The Habit Survey formed one part of the data collected during medical school in a prospective study designed to learn how to predict the occurrence of hypertension and/or coronary heart disease in later life. The Habits of Nervous Tension Questionnaire (HNT) consists of 25 items describing possible reactions to unusual pressure or stress, both physiological and psychological in nature. The respondent is asked to underline all the reactions that are characteristic of him when he is faced with such pressure or stress. The one-page questionnaire was drawn up by Caroline Bedell Thomas, chief investigator of the Precursors Study, and Barbara J. Betz, psychiatric consultant, in light of their clinical and research experience. The instrument is self-administered: "No special materials beyond the checklist itself are required." Time needed to complete it has not been measured but should not exceed 10 minutes. The answers to the questions have been coded and scored as binary data, "yes" (0) and "no" (1) on IBM cards. Normative data may be found in Thomas, C. B. Suicide among us: II. Habits of nervous tension as potential predictors. The Johns Hopkins Medical Journal, 1971, 129(4), 190-201. Reliability, validity, and response set have not been tested in the usual way, but long-term results from the internally controlled population strongly suggest that the HNT Questionnaire does differentiate smokers from nonsmokers, offspring of parents with coronary heart disease from those of unaffected parents, subjects with hypercholesteremia from those who are normocholesteremic, and subjects who later commit suicide from those who do not commit suicide. These are the major applications of the instruments to date. A copy of the instrument may be found in the source document.

H SCALE
Hamden, CT, Quinnipiac College, 1963.

Berkin, Mitchell M., Burdick, Harry A., & Woodring, Thomas M., Department of Psychology, Quinnipiac College, Mount Carmel Avenue, Hamden, CT 06518

The H Scale is a checklist of 16 words or phrases designed to measure feelings of hostility, anger, or aggression. Sample phrases are: "Delighted with"; "Offended at"; and "Raging mad at." The phrases are presented to the subject in mixed order and the subject is requested to mark the one phrase that best describes how he feels or felt about some specified object, person, or concept. The H Scale was constructed by asking 200 judges (army basic trainees) to sort 90 words or phrases into 11 categories. Category One contained statements the judge believed indicated the greatest degree of feeling friendly or positive, while category 11 was described as the place for statements indicating the greatest amount of feeling angry at, mad at, or hostile towards something or someone. Median (S-value) and interquartile range values (Q-values) were computed and words or phrases with high Q-values were eliminated. The final scale consists of 16 words or phrases falling on approximately equally spaced intervals for the S-values. In research applications of this instrument, it has been found that the H Scale is responsive to situations intended to vary in the amount of hostility aroused (Berkun, M., Burdick, H. A., & Woodring, T. M. A checklist for feelings of hostility. Unpublished manuscript, Quinnipiac College, 1963). A copy of the instrument is available from the first author.

THE INTERPERSONAL CHECKLIST
Mill Valley, CA, 1973.

La Forge, Rolfe, 83 Homestead Boulevard, Mill Valley, CA 94941

The Interpersonal Checklist (ICL) is a 134-item list of words or phrases which may be used to obtain self-descriptions or descriptions by others with respect to an interpersonal domain of personality. It is appropriate for research involving small group phenomena, the family, or diagnosis. It refers to the domain originally described in Freeman, M. B., Leary, T. F., Ossorio, A. G., & Coffey, H. S. The interpersonal dimension of personality. Journal of Personality, 1951, 20, 143-161. The ICL user may modify the list of words to meet the requirements of his own research. The subject responds to each of the 134 words five separate times. First, he goes through the list marking those which apply to himself and leaving blank those which do not apply. Similarly, he goes through the list again for mother, father, spouse, and ideal, respectively. The subject is instructed to go through the list quickly, using first impressions. Sample items are: "Able to give orders"; "Always ashamed of self"; "Clinging vine"; "Can be obedient"; "Encouraging others"; "Outspoken"; "Shy"; "Thinks only of self"; "Warm." Ten or 15 minutes should be allowed for a subject to complete a check list description of a single figure. A bibliography and a copy of the checklist are contained in an unpublished manual available at a nominal cost from the author. A computer program for scoring the ICL is also available in the manual.

THE NOWLIS MOOD ADJECTIVE CHECK LIST
Rochester, NY, University of Rochester, 1957.

Nowlis, Vincent, & Nowlis, Helen, Psychology Department, University of Rochester, Rochester, NY 14603

The Nowlis Mood Adjective Check List (Mood ACL) is an instrument designed to measure short term fluctuations in mood. The instrument is intended for use with normal or affectively disturbed subjects from about 12 years of age. The Mood ACL consists of 30 adjectives obtained from a factor analysis of 130 adjectives. Each adjective is rated on a scale of "definitely," "yes," "?," or "no." A sample item is: "Tired." A modified version of the Mood ACL was developed for specific applicability to drug effects by the Institute for Research, State College, PA. This version contains 58 adjectives and a 7-point bipolar response scale. The Mood ACL in either version is self-administered and requires approximately five minutes to complete. Scoring is by hand and requires approximately 10 minutes. The reliability and validity of the instrument are unknown, but it does show sensitivity to certain manipulations such as stress, movies, and psychotropic drugs. Copies of the original and modified versions of the instrument are available from the author.

WHAT I WANT TO BE CHECKLIST-FORM P
Pullman, Washington State University, 1972.

McDougall, William P., Department of Education, Washington State University, Pullman, WA 99163

The What I Want To Be Checklist (Form P) is an instrument designed to measure ideal self-concept. It is intended for use with university students enrolled in teacher education programs and is designed primarily as a research tool. The instrument consists of a list of 36 adjectives. Respondents are asked to select 12 which are most descriptive of how they would like to be and 12 which are least descriptive of how they would like to be. Among the 12 selected for each criterion, the respondent is asked to rank order the four most and the four least descriptive adjectives of his ideal self-concept. Sample adjectives are: "Adaptable"; "Docile"; "Tactful"; "Inquisitive"; "Goal-oriented"; "Thoughtful"; "Tolerant." The instrument is self-administered. To date, the major application of the instrument has been in a study of education majors at Washington State College. A copy of the instrument is available from the author.

WHAT I WANT TO BE CHECKLIST-FORM P2
Pullman, Washington State University, 1972.

McDougall, William P., Department of Education, Washington State University, Pullman, WA 99163

The What I Want to Be Checklist (Form P2) is an instrument designed to measure ideal self-concept. The instrument is intended for use with university students in teacher education program. The checklist assesses most positively and least valued adjectives used as self-descriptions. The instrument consists of a list of 36 adjectives. Respondents are instructed to select 12 which best describe the ideal self and 12 which are least descriptive of the ideal self. Among the 12 most descriptive, the respondent must rank order the four most descriptive; the same procedure is repeated for the least descriptive. Sample items include: "Warm"; "Curious"; "Adventurous"; "Attractive"; "Controlled"; "Pleasant"; "Contented." The instrument is self-administered. To date, the major application of the instrument has been in a study of education majors at Washington State University. A copy of the instrument is available from the author.

THE WORD PREFERENCE PERSONALITY INVENTORY
Boise, Boise State College, 1969.

Torbet, David P., Heacock, Delbert, Coulson, Roger W., & Jorgenson, George, Department of Psychology, Boise State College, Boise, ID 83707

The Word Preference Personality Inventory (WPPI) is an instrument designed to provide a word checklist personality measure. The purpose of the test is to give some clinical insight into the various concerns of the respondent. The current revision of the WPPI items sample eight areas or dimensions. These are: 1) Interpersonal relations; 2) Physical or personal needs; 3) Self-other relationships; 4) Activity-passivity; 5) Verbal submission-aggression; 6) Social propriety; 7) Aggression-submission; 8) Past-future. Sixty of the WPPI words occur in different pairings. Twenty pairs occur once and are used only for disguise purposes. The respondent indicates which word of each pair he prefers. Sample items from the WPPI are: "Present-future"; "Father-wife"; "Murder-suicide"; "Food-sex"; "Exposer-admit"; "Kill-attack"; "Clothes-sex"; etc. The instrument requires about one hour for completion and is hand scored by means of a response tally sheet provided with the test. Scoring is accomplished by tallying the number of times a word is chosen and recording this on a summary sheet. The primary use of the WPPI has been as a clinical instrument to be used with psychiatric patients in identifying areas of focus for therapeutic sessions. The eight areas provide clues to patients' problem areas, and scores on individual words indicate specific areas of concern or worry for the patient. The WPPI is in its experimental stages. Reliability and validity data are limited; however the test was found to discriminate between alcoholic and nonalcoholic samples. Further information and a copy of the WPPI may be obtained from the author.

PERSONALITY/ADULT FILL-IN AND OPEN-ENDED RESPONSE INSTRUMENTS

ADAPTIVE-FLEXIBILITY INVENTORY
Los Angeles, University of California, 1967.

Brawer, Florence Blum, 96 Powell Library Building, University of California at Los Angeles, Los Angeles, CA 90024

The Adaptive-Flexibility (A-F) Inventory is an instrument designed to measure ego strength through a word association technique. The instrument is intended for use with normal subjects and can be applied in academic situations. The A-F scale consists of three separate sections: a) A list of 180 words (e.g., flight) to each of which the subject responds by writing down his first thought or impression; b) An 11-item personal questionnaire; and c)A "real-ideal" self-scale containing 18 items. Administration, individually or in groups, takes approximately 20 minutes. Scoring can be done through quantitative ratings or subjective interpretation. Reliability and validity data are available in the source document. A copy of the instrument is available from the author.

THE ADULT AND HIGH SCHOOL SENIOR INDEX OF ADJUSTMENT AND VALUES, SELF AND OTHERS
University, College of Education, University of Alabama, 1950.

Bills, Robert E., P. O. Box 1937, University, AL 35486

The Adult and High School Senior Index of Adjustment and Values, Self and Others (AIAV) was designed to measure variables of importance to client-centered therapists and to perceptual theorists. These variables include: "Self-concept"; "Self-acceptance"; "Concept of the ideal self"; "Discrepancy between self-concept and the concept of the ideal self"; "Perceptions of how other people accept themselves." The instrument is divided into two forms. In the "Self" form, the subject responds to the items as he perceives himself or how he would like to be, and in the "Others" form, he responds as he thinks one of his peers would. The AIAV, "Self," is divided into three sections. In Part I, the subject uses each of 35 trait words to complete the following sentence: "I am a (an) _____ person." For each statement, he decides how much of the time this is like him and rates it on a 5-point scale ranging from "seldom" to "most of the time." In Part II, he uses the same 35 statements and indicates how he feels about the way he has described himself in Part I, using a 5-point scale ranging from "I very much like being as I am in this respect" to "I dislike very much being as I am in this respect." In section 3, the subject uses the same 35 trait words to complete another sentence: "I would like to be a (an) _____ person." He then indicates how much of the time he would like this trait to be characteristic of him, using a 5-point scale ranging from "seldom" to "most of the time." Sample trait words are: "Acceptable"; "Ambitious"; "Annoying"; "Charming"; "Efficient"; "Kind"; "Merry"; "Normal"; "Reckless"; "Sarcastic"; "Broad-minded." The AIAV, "Other," is identical in format except that the subject responds to the statements: "He is a (an) _____ person and He would like to be a (an) _____ person." The instrument requires 10 to 20 minutes to administer, may be group administered, and is hand scored. Normative, validity, and reliability data, and a copy of the instrument are available from the author.

CHARTING THE SELF-IMAGE
An introduction to hominology: The study of the whole man. Springfield, IL: Charles C. Thomas, 1970.

Kahn, Theodore C., Department of Behavioral Science, Southern Colorado State College, Pueblo, CO 81005

Charting the Self-image is a collection of material designed to measure a subject's self-image in order to aid in self-understanding within psycho-sociological therapy, counseling, guidance, research, and in ethnic and cultural studies. The instrument comprises five exercises in charting the self-image: "Wishes"; "Problems"; "Truth"; "Values"; and "Self-others location." In "Wishes," the subject lists three wishes that come to his mind and writes these down in order of their importance to him. On another sheet he writes, three wishes he imagines some other person may have. In problems the subject is asked to select one to five problems that are currently worrying him and arrange them from most to least disturbing. Then he is asked to estimate the length of time these problems will probably disturb him. The third part of the exercise series represents an exploration of the sources that a subject uses to develop his personal concepts of truth. A sample item is: "My ideas of what science should be come from: a) What someone whom I trust has told me or has written, b) "What I feel in my heart is true," c) "What seems reasonable, logical, what my "common sense" tells me, d) "What I can see, hear, or feel," e) "What seems to work out well in practice and suits my purpose," f) "What I do automatically, without thinking whether it is true or whether I trust the person who said it." The subject is asked to estimate the percent of his views that come from each alternative. The six alternatives, a through f, are used to tap ideas of "God," "Ethics," "Material things," etc., in addition to ideas of science, which was given as a sample item. The fourth exercise, "Values," is designed to help the subject discover his moral values. In the fifth exercise the subject locates self as he perceives himself to be and as he wishes he was in relation to the leader and loser in any group. Further information may be found in the source document. The author is available for consultation. A copy of the test is available from Midwest Educational Press, 131 South Union Avenue, Pueblo, CO 81003.

THE COMFORTABLE INTERPERSONAL DISTANCE SCALE

A new measure and social learning model for interpersonal distance. *Journal of Experimental Research in Personality*, 1972, 6, 119-132.

Duke, Marshall P., & Nowicki, Stephen, Department of Psychology, Emory University, Atlanta, GA 30322

The Comfortable Interpersonal Distance Scale (CID) is an instrument designed to provide a cross-cultural, cross-age group measure of the interpersonal (physical) distance at which individuals feel comfortable with one another. The CID is a paper and pencil measure corresponding to and developed from actual body boundary rooms used by Rawls, et al., (Rawls, J., Trego, R., & McGaffey, C. Personal space and the effect upon performance of three psychomotor tasks under three degrees of closeness. Institute of Behavioral Research, Texas Christian University, NASA Grant Report, 1969). The instrument itself consists of a sheet on which are depicted eight radii emanating from a center point. At the point where these meet a small circle is drawn. At the end point of each of the 4-inch radii there is a small box drawn; each of these boxes is randomly numbered from one to eight. The circle around the point at which the radii meet is presented as an imaginary "round room." The eight numbered boxes are associated with entrances to the "round room." Instructions ask the subject to imagine himself at the center point of the diagram (the room) and to respond to imaginary persons (stimuli) approaching the subject along a particular radius indicating at which point they would prefer the specific stimulus to halt, i.e., where they would begin to feel uncomfortable with the stimulus' closeness. Subjects responses are scored as the distance in millimeters between the mark on a specific radius and the center point of the CID. The CID was administered to a sample of college, high school, and elementary school students. College students were found to exhibit smaller distances with same sex stimulus persons. Two week test-retest reliabilities ranged from .75 to .97 for males, and from .84 to .95 for females. CID scores were correlated with actual approach in a body boundary room and coefficients ranging from .65 to .71 were observed. Further information and a copy of CID may be obtained from the author.

COMPARISON OF PAIRED ACQUAINTANCES

Structure of natural cognitions. *Journal of Personality and Social Psychology*, 1969, 12(4), 261-278.

Scott, William A., Department of Psychology, University of Colorado, Boulder, CO 80302

Comparison of Paired Acquaintances (CPA) is an instrument designed to measure the self and acquaintance domains of cognition. This instrument has been used to assess cognitions of acquaintances in hospital patients. The CPA requires the subject to list between 10 and 20 people he knows quite well. Then the first and last of these are presented in a pair and the subject is asked whether they are pretty much the same or quite different. Regardless of the subject's response, he is asked to describe the similarities and differences between the two people. The same questions are then asked concerning the next pair which consists of the second and next to last persons on the subject's list. This procedure is performed for five pairs of names. This instrument may be administered as an interview schedule or as a self-reporting instrument. The author of the CPA has also developed a similar instrument, the Checklist of Similarities and Differences Between Nations (CSDBN), for measuring the nations domain of cognition. Additional information, reprints, and a copy of both instruments are available from the author.

CONCEPT DOMAIN QUESTIONNAIRE

Santa Barbara, General Research Corporation, 1971.

de Mille, Richard, 960 Lilac Drive, Santa Barbara, CA 93108

The Concept Domain Questionnaire (CDQ) is an instrument designed to explore conceptual domains by asking people for several different written or spoken free-response answers to the same, repeated domain-bounding question, such as: "What is something you ought not to do?" The responses may be evaluated in terms of one or more of the following: a) Respondent's role; b) Kind of behavioral or environmental event; c) Context; d) Valuation; e) Influence; f) Source of influence; or g) Other qualification, such as likelihood. One or more domain-bounding questions can be designed for each problem, conceptual domain, or population being studied. The answers (statements) are key punched verbatim on data cards, then computer printed on other data cards, one statement to a card, thus producing a sortable, codable information unit. The statements from a group of respondents are organized into a set of emergent concepts by putting statements together that say or mean the same thing; the data organization is critiqued and refined through several cycles. Data analysis yields one or more of the following: a) Statement frequency for each concept; b) Popularity or head count for each concept; c) Intergroup differences for the foregoing; d) Contingencies for question components like cause and effect; e) Factors or topics arising from multivariate analysis of concept interassociations; and f) Composite or topic scores for each respondent. All statements, with codes, can be computer listed as organized into concepts. Reliability and interpretation are described in the reference cited below. The author reports that the CDQ has utility for conventional questionnaire construction and for studies of cross cultural values, community needs, political concerns, consumer markets, conflict, and industrial relations. See: de Mille, R., & Hirschberg, M. A. Multivariate analysis of concepts induced from bounded predicative value statements. *Multivariate Behavioral Research*, 1972, 7, 41-66. A copy of the instrument may be obtained from the author.

COPING SCALE

Archives of General Psychiatry, 1969, 20, 226-232.

Moos, Rudolf H., Social Ecology Laboratory, Department of Psychiatry, Stanford University, Stanford, CA 94305

The Coping Scale is designed to provide a relatively structured, easily scorable scale by which coping strategies can be assessed. The Coping Scale is comprised of two parts. Part I consists of three problem situations in the form of stories. For each of these problem situations, the subject provides possible approaches (strategies) or solutions. Part II consists of the same three stories under each of which is provided a list of 10 strategies for situational coping. A 7-point rating scale is used in Part II with rating choices ranging from a point value of "1" for "very unlikely" to "7" for "very likely." A 3-way analysis of variance indicates that some problems tend to elicit some strategies more than others and that some individuals have a tendency to use certain strategies more than others. Reliability and validity data are available in the source document. A copy of the instrument may be obtained from the author.

DREAM DIARY

Austin, University of Texas, 1972.

Cohen, David B., Department of Psychology, University of Texas at Austin, Austin, TX 78712

The Dream Diary is aimed at measuring the content of people's dreams. Subjects are asked to fill out the diary forms for a number of days in succession, preferably immediately after awakening. There are three basic sections of the diary the subject may fill out. If the subject recalls images, events, or details from his dream, he describes them in the first section, and rates the feelings associated with the dream on two dimensions, "pleasant" or "unpleasant." The degree of both dimensions may be rated on two 6-point scales. If the subject recalls having dreamed but cannot remember any of the actual contents of his dream, he checks the second section. He is asked to indicate whether his general feelings about the dream were "negative," "positive," or "unclear." If he does not recall even having dreamed, he checks the third section. The Dream Diary is often used in conjunction with the Dream Recall Frequency Questionnaire developed by the same author. Both have been used mainly in research on the frequency of dream recall, personality variables, and presleep situational events. More information and a copy of the instrument are available from the author.

FUTURE EVENTS TEST

Future time perspective: Its relation to the socialization process and the delinquent role. *Journal of Consulting Psychology*, 1968, 32, 257-264.

Stein, Kenneth B., Sarbin, T. R., & Kulik, J. A., 3210 Tolman Hall, University of California, Berkeley, CA 94709

The Future Events Test (FET) is meant to measure personal future time perspective. It was originally used in a study described in Stein, K. B., Sarbin, T. R., & Kulik, J. A. Future time perspective: Its relation to the socialization process and the delinquent role. *Journal of Consulting and Clinical Psychology*, 1968, 32, 257-264. It was found that the more socialized subjects produced a more extended future time perspective than the less socialized subjects. Other studies have found future time perspective to be associated with other types of psychopathology as well. The FET lists 36 events that could occur at different times in the future. The respondent either fills in the future age at which he believes each event will occur in his life or responds "never," indicating that he believes the event will never occur in his life. Some sample events are: "Visit a foreign country"; "Get rich"; "Be some kind of leader"; "Enjoy life your own way"; "Finish college"; "Own a boat"; "Get a ticket for fast driving." A copy of the instrument is available from the author.

MASLOW NEEDS SENTENCE COMPLETION TEST
Psychological needs and cultural systems. Princeton: Van Nostrand, 1967.

Aronoff, Joel, Department of Psychology, Michigan State University, East Lansing, MI 48823

The Maslow Needs Sentence Completion Test is an instrument designed to measure three of the five hierarchical needs proposed by Maslow's theory of human motivation. The needs tapped by the sentence completion test in their proposed hierarchical order are: "Safety (the need for a predictable, secure, orderly world)"; "Love and belongingness (the need for affectionate relationships)"; "Self-esteem (the need to establish a sense of self-worth)." The sentence completion test taps these motivational predispositions by open-ended projective type sentences which subjects are asked to complete. The test consists of 40 such sentences. Sample items from the test are: "When I am not treated right, I . . ."; "Other people are . . ."; "The main driving force in my life is . . . "; "For me, the best. . . ." Subject's responses are coded into categories falling under each of the three need orientations. Response coding is accomplished by means of a master list of scored completions compiled by the author from responses to an initial administration of the test to 850 subjects. The 105 protocols meeting the dual criterion of having scores in the upper 15th percentile for one motive and the lower 15th percentile for another motive, plus 160 randomly selected intermediate protocols comprise the master score sheet of need categories. Interrater correlations coefficients ranging from .74 to .92 have been observed with self-trained advanced undergraduate raters. An experimental application of the sentence completion test may be found in Aronoff, J., and Messe, L. A. Motivational determinants of small group structure. *Journal of Personality and Social Psychology*, 1971, 17, 319-324. Further information and a scoring manual containing a copy of the sentence completion test may be obtained from the author.

PHRASE ASSOCIATION TEST
Haverford, Haverford College, 1960.

Heath, Douglas H., Department of Psychology, Haverford College, Haverford, PA 19041

The Phrase Association Test (PT) is an instrument designed to measure defensive activity in different interpersonal areas. The rationale of the PT is derived from psychoanalytic theory of anxiety and defense. The instrument consists of 48 different 5-word phrases, 24 of which are designed to be threatening and 24 designed to be less threatening. The 24 threat phrases were selected to represent six possible core problems in development: "Rejection by mother"; "Rejection by father"; "Heterosexual relations"; "Homosexual relations"; "Mother-son aggression and father-son aggression." A sample phrase is "She abandoned her young boy." The 24 nonthreat phrases were selected to represent three types of less threatening themes: "Receiving-giving"; "Work activities"; and "Construction activities." A sample phrase is: "The dog chased the ball." Each phrase is presented verbally, and the subject is instructed to respond with the first phrase or sentence that occurs to him. All responses as well as different measures of reaction time are recorded. The PT takes about 20 minutes to administer. The scoring system consists of 22 objective behavioral indices classified into defense types. For example, repression and blocking are defined by the failure to give a substantive response, excessive reaction times, pauses between words of the response, fragmented response, and delayed affective responses. Each response is scored for the presence or absence of each behavioral index. The PT can be scored by a skilled judge in about 20 minutes. A copy of the instrument and scoring procedures are available from the author. The test is described in Heath, D. The phrase association test: A research measure of anxiety thresholds and defense type. *The Journal of General Psychology*, 1960, 62, 165-176.

PRIMARY-SECONDARY GROUP TRENDS AND EXPECTATIONS SCHEDULE
Bozeman, MN, Montana State College, 1972.

Kraenzel, Carl F., Sociology Department, University of Texas at El Paso, El Paso, TX 79968

The Primary-Secondary Group Trends and Expectations Schedule consists of 61 open-ended items designed to assess patterns of friendships, social and community expectations, educational aspirations, and religious and church activities. A sample item is: "I am sure you hope to provide an education for your children. About how much education would you like to provide for each of them?" The scale was included in a longitudinal study of all patients discharged from the state hospital from 18 of the most sparsely populated counties in Montana. Results of the study are published in Montana State University Experiment Station Bulletins Nos. 634, 646, and 647. These bulletins are available from the Experiment Station, Montana State University, Bozeman, MT 59715. A copy of the Primary-Secondary Group Trends and Expectations Schedule is available from the author.

THE PURPOSE-IN-LIFE TEST
Munster, IN, Psychometric Affiliates, 1969.

Crumbaugh, James C., & Maholick, Leonard T., Veterans Administration Center, Biloxi, MS 39531

The Purpose-in-Life Test (PIL) is an attitude scale designed to measure Frankl's basic concept, "existential vacuum." The instrument is intended for use with students, in vocational guidance, and in treatment of both in- and outpatient neurotics. The test comprises three parts. Part A has 20 scaled items on a 7-point continuum and is objectively scored. A sample item is: "If I should die today, I would feel that my life has been, 1) completely worthless, 4) neutral, 7) very worthwhile." Part B has 13 open-ended sentence completion items. A sample item is: "I get bored _____." Part C is an assigned paragraph, asking the subject to detail his aims, ambitions, and goals in life. The latter two parts of the test are clinically scored. It is a self-administered test which can be used in either an individual or group setting. Most subjects complete the scale in 10 to 15 minutes. Reliability and validity data are available in the test manual. The PIL has been found to discriminate between normal and psychiatric groups. See Crumbaugh, J. C. Cross-validation of purpose-in-life test based on Frankl's concepts. *Journal of Individual Psychology*, 1968, 24, 74-81. A copy of the instrument is available from Psychometric Affiliates, Box 3167, Munster, ID 46321.

THE REINFORCEMENT SURVEY FOR ADULTS
Pasadena, CA, Child Development Center, 1971.

Clement, Paul W., Richard, Robert C., & Hess, Allan P., Child Development Center, 190 North Oakland Avenue, Pasadena, CA 91101

The Reinforcement Survey for Adults is an instrument designed to measure and identify potential reinforcers for use with adult patients of behavior modification treatment programs. The instrument is designed specifically for the purpose of both identifying a lack of a sufficient number of reinforcers in a person's life, and also to identify reinforcing events that could be used in a contingency management program for institutionalized adults, or in self-regulation programs for adult outpatients. The instrument consists of four parts, each of which attempts to identify those reinforcers which are significant in four reinforcer classes: 1) People; 2) Places; 3) Things (including foods); and 4) Activities. For each reinforcer type the respondent is asked to list, in order of preference, the 10 persons, places, things, and activities for which the respondent feels the greatest interest, preference, or attraction. Then within each of the four reinforcement sections, the respondent is similarly asked to list the names of six persons, places, things, and activities to which he would like to devote more interest, attention, etc., but does not or cannot. There are nine items in the survey which identify a total of 74 potential reinforcers, 16 for each reinforcer class, and 10 more for food preferences. Sample survey items are: "There may be other places where you would like to spend more time, but don't get to. List such places below. List below the 10 activities on which you spend the most time. Put them in order of their frequency. The adult reinforcement survey is normally filled out by the individual himself, although any observer who has had a great deal of opportunity to observe another adult could fill in the survey. The survey requires about 15 minutes for completion. It was used specifically as a clinical tool in planning treatment programs. Further information may be obtained from the author. The survey may be purchased in quantity for $.05 per test.

RELIGIOUS ASSOCIATION SCALE
The religious association scale as an "abilities" measure of the religious factor in personality. *Scientific Study of Religion*, 1970, 9(4), 299-302.

Embree, Robert A., Psychology Department, Westmar College, Le Mars, IA 51031

The Religious Association Scale (RAS) is an instrument designed to measure personal religiosity. The instrument is designed primarily to demonstrate the efficacy of such a scale as a measure of "abilities" rather than "predispositions." The 80-item scale consists of 3-letter nonsense syllables (RAB, MOS, ZEK, LUT, RYT, HEV, JER, NUW, etc.) with which the subject is asked to associate a religious character, place, idea, or church teaching. Each item is scored on a 3-point scale, one point for a response which is not a religious association, two points for a response which could be interpreted as a religious association, and three points for a response which is clearly a religious association. Odd-even reliability has been estimated to be a high .97. Interscorer reliability has also been reported. Correlations between the RAS and the Edward's Social Desirability Scale suggest that RAS is free of the social desirability response bias. A copy is available from the author.

THE RUNNER STUDIES OF ATTITUDE PATTERNS

Conshohocken, PA, The Runner Associates, 1970.

Runner, Kenyon R., 378 Balligo Road, Conshohocken, PA 19428

The Runner Studies of Attitude Patterns (RSAP) is a self-report questionnaire designed to aid in the collection of data about individual feelings and preferences. This information is used as a partial basis for prediction in determining the circumstances under which an individual will be most likely to make socially useful contributions with maximum satisfaction to himself. The RSAP has been used almost exclusively with trained professionals as a basis for written reports to employers regarding the circumstances under which each applicant and employee is most likely to make his optimum contribution. The scales are constructed to tap particularly salient issues, high and low points in the resulting patterns being used as a basis for identifying areas of special concern to the respondent. The RSAP is described by the author to be especially helpful as a background for interviews aimed at optimizing the use of personal resources within a given set of situational restraints. The RSAP measures four areas or factors: "Control-orientated"; "Freedom-orientated"; "Recognition-orientated"; and "Affiliation-orientated." Each factor is comprised of three to four conceptually interrelated scales. Permutations of scores are used to individualize prediction. Sample items from these factors are: "In a job situation, is it essential to you to know exactly what you are to do?"; "Do you resist the usual way of doing things when you believe your way is better?"; "Do you enjoy being in a position where your decision is the final word?"; "Do you feel you give a good deal more to your relationships with people than you get back from them?" There are 121 items and 15 questions calling for answers in the respondents' own words. A sample of such a question is: "What would you most like to have other people say about you?" The RSAP requires 30 to 50 minutes for completion. An unpublished doctoral dissertation by Aberman (1968) indicates that scales on the RSAP correlate more highly with nontest criteria (such as sociometric ratings) than other instruments that are supposed to be predictors of such criteria. In another unpublished study, Aberman (1971) also has shown significant correlations between RSAP scores and a variety of biographical variables. Major applications of the RSAP are selection, placement, and counseling. More information and a copy of the test may be obtained from the author.

THE SENTENCE COMPOSITION TEST

Journal of Clinical Psychology, 1957, 13(2), 174-175.

Michaux, William W., 501 Colleen Road, Baltimore, MD 21229

The Sentence Composition Test (SCT) is an instrument designed to elicit semi-structured free associations by having the student make up and write 20 sentences containing the word "because." The instrument was originally intended for use with individuals who were being considered for psychotherapy and is designed primarily for use in conjunction with other projective tests. A sample sentence reported in the source document is: "I don't like the guys in Washington because most of them are queers. The administration of the instrument does not require clinical skills. The individual is given two sheets of 8 1/2" by 11" blank, white bond paper, stapled together, and a pen; instructions are mimeographed at the top of the first page. Approximately 30 minutes are required to complete the instrument. The SCT is qualitatively interpreted by a psychodiagnostician. To date, the major applications of the instrument have been in the Veterans Administration Mental Hygiene Clinic, Washington, DC. A copy of the instrument is available from the author.

SLEEP SURVEY

Los Angeles, University of California at Los Angeles, 1973.

Healey, Shevy, Neuropsychiatric Institute, University of California at Los Angeles, Los Angeles, CA 90024

The Sleep Survey is a 141-item inventory of a person's background, current lifestyles, attitudes toward sleep, sex, and death, and sleeping habits. The items are multiple-choice, completion, scales, and open-ended. Sample items are: "Have you ever seriously thought about taking your own life? If yes, how many times? Dates?"; "What are the things you worry about most, or would you most like to change in your life? List three"; "Check the statements that tell how you feel about sleep (Everyone needs about eight hours of sleep each night, Sleep is needed to rest the mind, Sleep is refreshing, Sleep is a waste of time, Sleep is an escape, Sleep is a loss of control)"; "How often do you think about death? (very frequently-once a day or more, frequently, occasionally, rarely-twice a year, very rarely or never)." The instrument may be self-administered and takes approximately one hour to complete. Further information and a copy of the instrument may be obtained from the author.

W-A-Y TECHNIQUE
Investigation into the self-concept: III instructions for the W-A-Y method. Psychological Reports, 1964, 15, 643-650.

Bugental, James [illegible]. T., 645 University Avenue, Palo Alto, CA 94301

The W-A-Y ("Who are you?") Technique is a method used to study a person's self-concept and his self-perception. The W-A-Y is administered to the subject by asking him the question, "Who are you?" The subject is to write down three free-field responses and to underline the most important word in each of the three responses. The subject is then asked to make judgements about his responses. For example, he is asked to pick out the one sentence he liked the best and the one he liked the least. He is also asked to give information concerning his age, sex, occupation, etc. The W-A-Y Technique may be self-administered or given in the form of an interview. It is appropriate for both males and females. The W-A-Y Technique has been used in interviews with college students, psychiatric patients, and many others seeking counseling. There are 12 content categories used in the analysis of the responses obtained from the W-A-Y: a) Name; b) Family; c) Social (position or prestige); d) Occupation; e) Age; f) Sex; g) Group Membership; h) Unit (uniqueness of respondent); i) Positive affect (happiness, etc.); j) Negative affect (weakness, etc.); k) Other (hobbies, etc.); l) Double (duplication of response). An example of a response would be: "I am Chet's wife." The category of classification would be "family" since identification is in terms of family relationship. Additional information and a copy of the instrument are available in the source document and from the author.

THE WORD-NAMING TECHNIQUE
Content differences on word listing by American, Dutch, and Indian adolescents. Journal of Social Psychology, 1969, 79, 139-140.

Shaffer, Martin, Sundberg, Norman D., & Tyler, Leona E., no address for the first author

The Word-Naming Technique is a process designed to reflect cross-cultural cognitive and environmental differences by means of a free association task. In the Word-Naming Technique each subject lists the first 25 words that come to mind. The assumption is made that there is a hierarchical structuring of verbal responses which is related to salience recency and frequency of experimental events within the subject's cultural context. The basic hypothesis underlying the technique is that word emission would reflect cultural differences in cognitive context. The instrument was employed using three samples of 48 ninth grade youths matched for sex and level of father's occupation. One sample was drawn from Palival, India, the second from North Bend, Oregon, and the third from Enkhuizen in the Netherlands. These three cities were roughly matched for size and isolation from metropolitan areas. From analysis of subjects' responses, 14 content categories related to a person's activities and environment were developed: "Edibles"; "People", "Nature"; "Animals"; "School"; "Mechanical objects"; "Play"; "Abstractions and descriptions"; "Building parts"; "Personal"; "Place"; "Action"; "Time"; "Miscellaneous." The median percentage agreement for content categories between pairs of content categories for certain cultures over time. For example, Indians emitted significantly more references to "edibles," Americans to "school and play," and Dutch to "building parts." The Word-Naming Technique is individually administered and requires about 10 to 15 minutes for completion. Further information may be obtained from N. D. Sundberg, School of Community Service, University of Oregon, Portland, OR 94703.

AFFECT QUESTIONNAIRE

Journal of Projective Techniques and Personality Assessment, 1970, 34, 41-44.

David, Anthony, & Propper, Martin M., Psychology Department, Brown University, Providence, RI 02912

The Affect Questionnaire is an instrument designed for the purpose of assessing the personality dimensions or psychological components of the construct of alienation. The dimensions of alienation investigated are: "Egocentricity"; "Distrust"; "Pessimism"; "Anxiety"; "Resentment." The questionnaire consists of 80 items, is self-administering, and requires about 20 minutes for completion. Questionnaire items are written as declarative statements depicting one of the five personality components of alienation under investigation. Subjects are asked to read each declarative statement as if it were preceded by "I would say that," and express varying degrees of agreement or disagreement with the attitude represented by the statement. Subjects are asked to rate each statement in terms of the following symbols: SD (strongly disagree); D (disagree); MD (mildly disagree); MA (mildly agree); A (agree); SA (strongly agree). Sample items tapping each of the personality dimensions are: (Egocentricity) "You will certainly be left behind if you stop too often or too long to give a helping hand to other people"; (Distrust) "One should maintain a constant watch against those people who look for weaknesses in others in order to attack them"; (Pessimism) "Life's burdens often seem unbearable"; (Anxiety) "In our American culture the fear of failure is inevitable, ever present and incurable"; (Resentment) "The mere sight of some people is enough to make me boil." A detailed description of the questionnaire, its development, methodology, and scoring precedures are available in Propper, Martin M., Academic achievement and alienation in intellectually able adolescents. Doctoral dissertation, St. John's University, 1968. This dissertation may be obtained from University Microfilms, Xerox Company, Ann Arbor, MI. A copy of the questionnaire and further information may be obtained from the author.

AFFECT RATING SCALE

Multiple rating scale for the measurement of affective states. Journal of Clinical Psychology, 1966, 22(4), 423-425.

Plutchik, Robert, Bronx State Hospital, 1500 Waters Place, Bronx, NY 10461

The Affect Rating Scale, a title supplied by the abstractor, was designed to assess eight basic emotions. Development of the scores proceeded from a theory developed by Plutchik (The emotions: Facts, theories, and a new model. New York: Random House, 1962) which provides a basis for the choice of emotions and proposes certain relations between them. The theory assumes that there are only eight basic emotions which may be conceptualized as the units from which all others may be mixed. These emotions may vary in intensity so that there are many affect terms appropriate to each one. An affect term denoting an intermediate intensity level was chosen to sample each of the eight emotions. The affect terms and the generalized name ("prototype") of each emotion are: "Fearful" (protection); "Angry" (destruction); "Disgusted" (rejection); "Sad" (deprivation); "Surprised" (orientation); "Expectant" (exploration); "Joyful" (reproduction); and "Agreeable" (incorporation). Subjects are instructed to rate how much they feel each of the moods on 5-point scales with a rating of "1" indicating absence of the feeling. In research applications of this instrument, 40 college students completed the Affect Rating Scale during several different class meetings. The first three meetings were control days. During the fourth meeting students took a scheduled examination, and the graded papers were returned the fifth meeting. On the control days, seven of eight scales showed no significant changes. On the examination day there were significant increases in ratings of "fearful" and "expectant" and decreases in ratings of "joyful" and "agreeable." On test return day there were significant decreases in "joyful," "agreeable," and "expectant," and increases in "angry," "disgusted," "sad," and "surprised." A copy of the instrument is available in the source document.

THE ANGER SELF-REPORT FORM

The Anger Self-Report: An objective questionnaire for the measurement of aggression. Journal of Consulting Psychology, 1972, 39(2), 340.

Zelin, Martin L., Adler, Gerald, & Myerson, Paul G., Department of Psychology, Tufts University, Medford, MA 02155

The Anger Self-Report Form (ASR) is an instrument designed as a self-report measure of objective anger or aggression. The questionnaire differs from other aggression scales in that it provides for the measurement of both the acknowledged presence of feelings of anger, as well as the overt, behavioral expression of hostility. This ability of the present scale to single out the dimension of conscious awareness of aggression is considered by the authors to be of major psychotherapeutic significance. ASR items represent four major scales, some of which contain subscales. The scales (and subscales) of the ASR are as follows: 1) Awareness of anger; 2) Expression of anger; general expression, verbal expression, physical expression; 3) Awareness of guilt, guilt, condemnation of anger; 4) Mistrust or suspicion. Sample items from these scales are: "I get mad easily"; "If I don't like someone I will tell him so"; "People should never get angry"; "I really wish I would be a better person"; "People are only interested in you for what they can get." Responses are made by rating items in terms of a 6-point agree-disagree Likert scale. The questionnaire was developed from an original pool of 89 items derived from a number of existing instruments such as the MMPI and the Buss-Durkee Hostility Inventory. Item selection of the basis item correlations with other items, and with their respective scale totals resulted in the present 64 item scale. The instrument is self-administering and requires 40 to 60 minutes for completion. Split-half reliabilities for the test scales range from .82 to .64. Significant convergent and discriminant validity coefficients were observed for most of the ASR scales when these were related to respondents' scores on the Problem Appraisal Scales, a comprehensive set of psychiatric rating scales. Further information and a copy of the ASR may be obtained from the first author.

ATTITUDE SCALES
Bozeman, MN, Montana State College, 1972.

Kraenzel, Carl F., Sociology Department, University of Texas, El Paso, TX 79968

The Attitude Scales, consisting of 16 subparts, was designed to assess attitudes and behaviors concerning: 1) Order, fate, discipline ("People try to find order in the world when in fact there is none."); 2) Affiliation, impulse control, concern with novelty ("When you go out, do you usually prefer to go by yourself?"); 3) Pre- and posthospitalization ("Did the subject ever try to commit suicide, argue with family members, write bad checks," etc.); 4) Areas of concern or worry ("cost of living, children, old age," etc.); and 5) Attitudes towards mental illness and hospitalization ("Some people are just born mentally unstable and are almost certain to end up in a mental hospital."). Opinion items are answered "agree" or "disagree" or "yes," "no," while behavioral items are answered on 4-point scales "F" for frequently, "O" for occasionally, "N" for never, and "NR" for no response). The Attitude Scales were designed to be answered by either the subject and/or an informant. The instrument was included in a longitudinal study of all patients discharged from the state hospital from 18 of the most sparsely populated counties in Montana. Results of the study are published in Montana State University Experiment Station Bulletins Nos. 634, 646, and 647. These bulletins are available from the Experiment Station, Montana State University, Bozeman, MT 59715. A copy of the Attitude Scales is available from the author.

BENTLER INTERACTIVE PERSONALITY INVENTORY
Los Angeles, University of California, 1972.

Bentler, Peter M., Department of Psychology, University of California at Los Angeles, Los Angeles, CA 90024

The Bentler Interactive Personality Inventory (BIPI) was constructed simultaneously with the Bentler Personality Inventory (BPI) so that the two instruments together would possess high convergent and divergent validity. The BPI is the self-report inventory, while the BIPI uses a peer-report format. In all other respects, the two instruments are parallel. There are 680 forced choice items, allocated in mutually exclusive fashion to 28 content scales and one validity scale. The content scales are: "Ambition"; "Art interest"; "Attractiveness"; "Orderliness"; "Agility"; "Lead[illegible]ip"; "Clothes consciousness"; "Extraversion"; "Body weight"; "Congeniality"; "Diligence"; "Cheerfulness[illegible]iberateness"; "Intelligence"; "Perceptiveness"; "Stability"; "Law abidance"; "Liberalism"; "Masculinity"[illegible]nerosity"; "Flexibility"; "Religious Commitment"; "Self-acceptance"; "Invulnerability"; "Objectivity"; "Trustfulness"; "Thriftiness"; "Travel interest." The content scales were constructed to be primary factors; five second order factors are: "Agreeableness"; "Dynamism"; "Self-reliance"; "Conscientiousness"; and "Sophistication." One validation study involving 216 pairs of friends yielded a 2-method (BPI and BIPI), 56 content scale correlation matrix; it also included a measure of sexual behavior in the two methods. It was analyzed by a restricted factor analytic solution that yielded orthogonal components of variance. The mean K-R 20 internal consistency of the scales was .94, and the mean convergent validity correlation was .55. The mean components of variance of the scales were valid cross-method variance .36 (second-order factors) and .24 (primary factors), method-specific but reliable variance .34, and error .06. The BIPI is copyrighted by the author and is available for research use. A copy of the instrument may be obtained from the author.

BENTLER PERSONALITY INVENTORY
Los Angeles, University of California, 1972.

Bentler, Peter M., Department of Psychology, University of California at Los Angeles, Los Angeles, CA 90024

The Bentler Personality Inventory (BPI) was constructed simultaneously with the Bentler Interactive Personality Inventory (BIPI) so that the two instruments together would possess high convergent and divergent validity. The BPI is the self-report inventory, while the BIPI uses a peer-report format. In all other respects, the two instruments are parallel. There are 680 forced choice items, allocated in mutually exclusive fashion to 28 content scales and one validity scale. The content scales are: "Ambition"; "Art interest"; "Attractiveness"; "Orderliness"; "Agility"; "Leadership"; "Clothes consciousness"; "Extraversion"; "Body weight"; "Congeniality"; "Intelligence"; "Cheerfulness"; "Diligence"; "Perceptiveness"; "Stability"; "Law abidance"; "Liberalism"; "Masculinity"; "Generosity"; "Flexibility"; "Religious commitment"; "Self-acceptance"; "Invulnerability"; "Objectivity"; "Trustfulness"; "Thriftiness"; "Travel interest." The content scales were constructed to be primary factors; five second order factors are: "Agreeableness"; "Dynamism"; "Self-reliance"; "Conscientiousness"; and "Sophistication." One validation study involving 216 pairs of friends yielded a 2-method (BPI and BIPI), 56 content scale correlation matrix; it also included a measure of sexual behavior in the two methods. It was analyzed by a restricted factor analytic solution that yielded orthogonal components of variance. The mean K-R 20 internal consistency of the scales was .93, and the mean convergent validity correlation was .55. The mean components of variance of the scales were valid cross method variance .33 (second order factor) and .24 (primary factors), method specific but reliable variance .36, and error .07. The BPI is copyrighted by the author and is available for research use. A copy of the instrument may be obtained from the author.

BIPOLAR PSYCHOLOGICAL INVENTORY
Provo, UT, Psychological Research Associates, 1972.

Howell, Robert J., 212 EDLC, Brigham Young University, Provo, UT 84601

The Bipolar Psychological inventory (BPI) is an instrument designed to measure personality characteristics in terms of two polar endpoints, healthy and unhealthy states. The instrument is intended for use with both normal and clinical population and is designed primarily to provide a personality inventory that can be used in a wide range of settings. The BPI comprises 16 subscales with a total of 300 items. A sample subscale is: "Social Deviancy-Social Conformity." The subscales focus on clinical variables and general personality traits. The BPI is self-administering and requires true-false responses. Approximately 30 to 60 minutes are required to complete the instrument. The BPI is scored by obtaining raw scores and transferring these scores to a profile sheet. Machine scoring provides a written pointout description of the subject for dimensions reaching above the eightieth percentile or below the twentieth percentile. The instrument has attained a test-retest reliability of .84 from a sample with 177 university subjects. The BPI is judged by the author to have face and content validity. A copy of the instrument is available from the author.

BUSS-DURKEE INVENTORY
An inventory for assessing different kinds of hostility. Journal of Consulting Psychology, 1957, 21(4), 343-349.

Buss, Arnold H., & Durkee A., Carter Memorial Hospital, Indianapolis, IN 46207

The Buss-Durkee Inventory with scales for resentment and suspicion is an instrument designed to assess different kinds of hostility. The instrument is intended for use in everyday clinical situations. The true-false self-administering inventory is constructed of 75 items comprising the following scales: "Assault"; "Indirect hostility"; "Irritability"; "Negativism"; "Resentment"; "Suspicion"; "Verbal hostility"; and "Guilt." A sample item is: "Once in a while I cannot control my urge to harm others." The test was developed by constructing an item pool (partially supplemented by items borrowed from other inventories) and then administering it to an initial subject sample; item analyses were done. Two criteria were used in item selection, frequency (occurrence of the particular behavior in the population, as measured by the proportion of the sample answering in the direction of hostility) and internal consistency (correlation of an item with the score of the scale in which it belonged). The final form of the inventory was administered to 173 college students and the results factor analyzed. Hostility was found to comprise an emotional and a motor component. Initial norms are given in the source document; reliability and validity data are not reported. An attempt was made to minimize social desirability and response set. Further information is available in the source document or from the author.

CATHEXIS PROFILE
Berea, OH, Baldwin-Wallace College, 1969.

Vogel, John L, Department of Psychology, Baldwin-Wallace College, Berea, OH 44017

The Cathexis Profile (CP) is an instrument designed to measure the degree of cognitive, affective, and behavioral investment of an individual in his interests, concerns of values, in areas described as political/social (PS), artistic/aesthetic (AA), economic/pragmatic (EP), religious/church (RC), and sensual/hedonistic (SH). The instrument is intended for use with individuals at the college level of ability and knowledge or beyond. The CP was designed primarily for studying personal value systems. It was also intended for research on perception of self and others and for clinical self-study. The CP is composed of 50 items or statements, each of which is rated on a scale from "0" to "3," "0" indicating the activity or experience depicted in the statement is not valued at all, and "3" indicating very highly valued. Sample items from each scale: "PS, being active in local politics and perhaps even run for office"; "AA, buying one or more examples of fine scuptures or painting to have in the home"; "EP, thinking about some practical use or business possibility in a new discovery or invention"; "RC, saying prayers in the home, at meals, or other times"; "SH, just sitting around and enjoying the feeling of a big and leisurely meal." The CP was developed through item analyses and revisions of a pool of items with face relationships to the major areas of interest. The instrument is self-administered and takes about 10 minutes to complete. The CP is scored by summing item values. Normative data and reliability and validity data are available in the test manual. To date, the major applications of the instrument have been in research [illegible]nomie, on perception of liberally educated persons, and on between culture studies of perception of self and [illegible] copy of the instrument is available from the author.

CAUSAL CONSTRUCT SCALE
Causality and the proper image of man in scientific psychology. Journal of Personality Assessment, 1971, 35(5), 403-419.

Rychlak, Joseph F., & Barna, James D., Department of Psychological Sciences, Purdue University, Lafayette, IN 47907

The Causal Construct Scale (CCS) is an instrument designed to measure the kinds of causal constructs that persons employ and the relationships of these constructs to various personality dimensions. The scale can be used as a check or standard against which various tests can be compared on the question of hidden purposiveness (teleology) in their actual performance. The CCS attempts to measure the four causal constructs identified by Aristotelian epistemology. The four constructs are: "Substance," which stresses the material substance or matter of objects, persons or phenomena; "Impetus," which stresses their energy, movement or change; "Pattern," which stresses the order or consistent design of objects or events; "Inflation," which stresses the purpose or goal for which behavior or events occur. Items from the CCS consist of pairs of "proverbial sayings" which exemplify each of the causes. Initial selection of items was done on the basis of those sayings that reflected 77 percent agreement among 18 judges as to the causal construct exemplified. Subjects were asked to choose one saying from each pair. Possible selection of sayings on the basis of differential social desirability was controlled for by pairing only sayings matched on social desirability. A sample item would be a choice between: "We should all remember that each man bleeds the same color and feels the same pain" (substance), and "We can't all be good in this world, but we can all be careful" (pattern). Helmstadter's reliability index identified the 36 most consistent pairs of items and these comprise the present scale. The scale was administered to 80 high school students and resulted in stability coefficients ranging from .70 to .80. Significant relationships were observed between preferences for certain causal constructs and various personality dimensions, as measured by such tests as the MMPI, the Edward's Personal Preference Schedule, Rotter's I-E Scale, and the F Scale. It was found that various personality traits could be interpreted in terms of causal construct(s) with which each trait grouped itself in factor analysis. For example, autonomy was found to be an intentional, nonsubstantive concept. Further information and a copy of the scale are available from the author.

COMREY PERSONALITY SCALES
San Diego, Educational and Industrial Testing Service, 1970.

Comrey, Andrew L., Department of Psychology, University of California at Los Angeles, Los Angeles, CA 90024

The Comrey Personality Scales constitute a factor analytically developed personality test designed to describe the major dimensions of personality that can be tapped by self-report inventory methods. The test contains 180 items, each to be answered using one of two possible 7-choice answer scales, "always," "very frequently," "frequently," "occasionally," "rarely," "very rarely," "never," or "definitely," "very probably," "probably," "possibly," "probably not," "very probably not," "definitely not." The eight personality scales, each containing 20 items are: "Trust versus defensiveness"; "Orderliness versus lack of compulsion"; "Social conformity versus rebelliousness"; "Activity versus lack of energy"; "Emotional stability versus neuroticism"; "Extraversion versus introversion"; "Masculinity versus femininity"; and "Empathy versus egocentrism." The 20 items on each scale are divided into five relatively homogeneous subclusters of items called "Factored Homogeneous Item Dimensions" (FHIDS). Half of the items on each FHID are worded negatively to control for acquiescence response bias. The remaining 20 items in the test are allocated to two validation scales, one to assess accuracy of responding and the other to assess social desirability response set. The major emphasis in these scales is on normal personality rather than upon pathological behavior traits. Evidence for reliability and validity of the scales is contained in the test manual. The many published research studies underlying the development of this test are cited and summarized in the test manual. The manual and copies of the test may be obtained from Educational and Industrial Testing Service, P. O. Box 7234, San Diego, CA 92107.

DESCRIPTIVE ADJECTIVE INVENTORY
Journal of Consulting Psychology, 1968, 27, 170.

Norman, Warren T., Department of Psychology, University of Michigan, Ann Arbor, MI 48104

The Descriptive Adjective Inventory (DAI) is an instrument designed to compare the relative effectiveness of responses to content irrelevant stimuli in terms of their ability to predict the status of individuals on each of five peer group rating factors: "Surgency" (or extroversion); "Agreeableness"; "Dependability"; "Emotional stability"; and "Culture." The test consists of 200 binary, forced choice, self-report items. Examples of the binary adjectival paired items are: a) Tactful-thorough, b) Nervous-preoccupied. Each adjective in this pencil and paper instrument was rated by a sample of male college students as to its social desirability as a self-endorsement by a person wishing to be admitted to the United States Air Force Officer Candidate School program. To date, the major applications of the instrument have been in the development of an individual performance measure usable in a personnel selection context where peer nomination is not feasible. Reliability and validity data are available in the source document. A copy of the instrument may be obtained from the author.

EGO-IDEAL AND CONSCIENCE DEVELOPMENT TESTS

Monitor Catalog, Hollywood, Monitor, 1972.

Cassel, R. N., no address

The Ego-Ideal and Conscience Development Test (EICDT) is an instrument designed to measure the personal characteristics and emotional states which an individual holds as desirable or undesirable. This conceptual pattern of personal characteristics is referred to as one's ego-ideal or conscience, and these serve as models after which one's behavior is shaped or modeled. The EICDT samples eight areas of ego and conscience development: "Home and family"; "Inner development"; "Community relations"; "Rules and law"; "School and education"; "Romance and psychosexual"; "Economic sufficiency"; "Self-actualization." Each of these eight scales contains 10 items dealing with solutions to social problems. Solutions presented represent the attitudes of the mainstream of U. S. society. The EICDT then measures ego ideal in terms of the agreement between an individual and society at large, using as an index of consensus solutions to social problems. The test yields eight scores representing the eight areas of ego and conscience development and a total score reflecting general agreement with society. The normative responses of American society at large were established by administering the EICDT to a representative cross section of society consisting of 2,785 persons. The EICDT has been validated for use with persons from 12 to 18 years of age. Some indication of the instrument's validity are the significant differences in scores between delinquent and nondelinquent adolescents. Reliability values are reported in the high 80's. The test may be administered individually or to groups of persons and is easily hand scored. A manual describing in detail the scores, normative response, and interpretation procedures is available. Major applications of the scale are in dealing with those persons who do not know what society expects of them. It may be employed, for example, as an index of parole or probation readiness. The instrument may be purchased upon demonstration of professional qualifications by writing to Monitor, P. O. Box 2337, Hollywood, CA 90028.

EMOTIONS PROFILE INDEX

Emotion-trait interrelations and the measurement of personality. *Psychological Reports*, 1968, 23, 1107-1114.

Plutchik, Robert, Bronx State Hospital, 1500 Waters Place, Bronx, NY 10461

The Emotions Profile Index is an instrument designed to measure emotional traits in an individual. The instrument is intended for use with persons with personality problems and is designed primarily to relate personality concepts with emotional traits. From eight primary emotional dimensions (protection, destruction, incorporation, rejection, orientation, exploration, reproduction, and deprivation), 12 traits were finally selected, "adventurous," "affectionate," "brooding," "cautious," "gloomy," "impulsive," "obedient," "quarrelsome," "resentful," "self-conscious," "shy," "sociable." These traits were paired randomly in all possible combinations, yielding 66 paired items. In a forced choice situation, the subject was asked to select one of the two adjectives which was more like himself. The instrument was developed through research attempting to explain the relationship between personality and emotion. The instrument is self-administered. Instructions for scoring the instrument and information on the test-retest reliability are available from the author. A copy of the instrument can be obtained in the source document.

THE FEAR-ANXIETY PROFILE

FAP Manual. Texas, The Psychometric Research Bureau, 1963.

Sweney, Arthur B., Center of Human Appraisal, Wichita State University, Wichita, KS 67208

The Fear-Anxiety Profile (FAP) is an instrument designed to tap the causes (sources) of threat in the external world. In addition, the FAP investigates two types of reaction to such threat: "Fear" and "Anxiety." The FAP utilizes four subtests (two measuring fear, and two measuring anxiety) to measure 12 sources of threat: death; physical assault; emotional control; social rejection; sexual inadequacy; rejection by the opposite sex; rejection by parents; civil authority; sin; illness and injury; poverty; and war. The scores for the two anxiety subtests are paired to give a fear score. The first subtest provides an anxiety score and consists of having subjects memorize 10 lists of 12 threat words. After each list subjects turn the page and attempt to recognize the threat words out of a pool of 25 words. The number of threat words not remembered is taken as a measure of repression and thus contributes to the subject's anxiety score. The second subject consists of a word association task containing 80 triads of words. A stimulus word is given, and two response words follow. A sample item is: "Fear, a) impotence, b) death." Selection of threat words is taken as an indication of preoccupation and contributes to subject's fear score. The third subtest consists of 60 questions representing situations which are conducive to more or less danger. The subject's response is seen as reflecting the amount of unintegrated dread which he possesses and provides the second anxiety score. The fourth subtest (combined with third in the test booklet) contains 60 questions. The degree to which a subject knows the answers is a reflection of his concern or familiarity with danger and is seen as an adaptive response. This provides the second fear score. Sample items from tests three and four are: "What is the life expectancy of the middle aged man?"; "How many deaths by auto accidents have there been?" The four tests require about one hour and are hand scored. Further information, normative data, and a copy of the FAP subtests may be obtained from the author.

GENERAL BELIEFS INVENTORY

The development of some factored scales of general beliefs. *Journal of Social Psychology*, 1972, 86, 161-162.

Coan, Richard W., Hanson, R. W. & Dobyns, Z. P., Department of Psychology, University of Arizona, Tucson, AZ 85721

The General Beliefs Inventory is concerned with components of general beliefs and attitudes. There are six scales: 1) Conventional theistic religion versus nontheistic viewpoint; 2) Future-productive versus present-spontaneous orientation; 3) Detachment versus involvement; 4) Relativism versus absolutism; 5) Scientism versus determinism; 6) Optimism versus pessimism. Factor analysis of the inventory items has confirmed the functional unity and mutual independence of the six scale factors. The inventory consists of 73 statements to which the subject can answer either "strongly agree" (+2), "agree moderately" (+1), "disagree moderately" (-1), or "strongly disagree" (-2). Some sample items are: "It makes more sense to think of God as an idea or principle than to think there is a divine Being with human characteristics"; "It is better to accomplish little and enjoy yourself than to accomplish much by sacrificing many of life's pleasures"; "For most people life contains a good deal of disappointment, frustration, and unhappiness." The scales are scored separately, each score being equal to 50 + (algebraic sum for positive items)-(algebraic sum for negative items), the 50 being added to eliminate negative scores. The inventory is self-administering and can be given to any size group. In college groups, it can usually be completed within a half hour period. Subjects with much less than a college education can be expected to have some difficulty comprehending certain terms. A copy of the instrument with instructions for scoring may be obtained by ordering NAPS Document 01618 from CCMIC National Auxiliary Publications Service 909 Third Avenue, New York, NY 10022, remitting $2.00 for microfilm or $5.00 for photocopy.

GILBERT'S POLAR PERSONALITY ANALYSIS

Measuring response latency: A crucial innovation of pen and pencil testing. *Experimental Publication System*, 1970 171C(5).

Gilbert, Albin R., College Avenue, Buckhannon, WV 26201

The Gilbert's Polar Personality Analysis is an instrument adapted from the California Mental Health Analysis (Thorpe & Clark, 1959, Version for adults) and is designed to measure an individual's personality. The instrument is intended for use with adults and is designed primarily for use with a technique for measuring the latency of response in personality and attitude testing. The instrument consists of 100 sets of polar sentence-type items (assertive rather than interrogative) covering 10 dimensional categories (10 sentences per category): "Close personal relationship"; "Interpersonal skills"; "Social participation"; "Satisfactory work and recreation"; "Adequate outlook and goals"; "Behavioral immaturity"; "Emotional stability"; "Feeling of inadequacy"; "Physical defects (nervous manifestations and sex items). Each set of sentences consists of an assertive sentence and a reversal of the sentence. The subject is asked to respond in agreement or diagreement to the randomly presented sentences. The instrument was developed through research in latency weighted personality and attitude measurement. Scoring information and interpretation of the scores is available in the source document. A reliability coefficient of correlation of .92 was reported. A copy of the instrument and more extensive information on the techniques of latency weighted personality and attitude testing can be obtained from the author.

GORDON PERSONAL PROFILE

New York, Harcourt, Brace and World, 1963.

Gordon, Leonard V., School of Education, State University of New York, Albany, NY 12203

The Gordon Personal Profile is an 18-item, forced choice preference questionnaire designed to measure four aspects of personality which are significant in the daily functioning of the normal person. The test consists of descriptions of personal characteristics of people grouped into sets of four. Subjects are instructed to choose the one item within each of the 18 sets most like them and the one item least like them. A sample set contains the four items: "Calm and easygoing in manner"; "Cannot stick to the task at hand"; "Enjoys having lots of people around"; "Not too confident of own abilities." In research applications of this instrument, no significant differences between student activists and nonactivists regardless of ideology were found on the GPP Emotional Stability Scale (Kerpelman, L. C. Student political activism and ideology: Comparative characteristics of activists and nonactivists. *Journal of Counseling Psychology*, 1969, 16(1), 8-13). More information may be found in the test manual. A copy of the instrument and the manual may be obtained from Harcourt, Brace and World, Test Department, 757 Third Avenue, New York, NY 10017.

THE HARRIS MMPI SUBSCALES

Subscales for the Minnesota multiphasic personality inventory-an aid to profile interpretation. San Francisco, The Langley Porter Institute, 1955.

Harris, Robert E., & Lingoes, James C., The Langley Porter Neuropsychiatric Institute, 401 Parnassus Avenue, San Francisco, CA 94122

The Harris MMPI Subscales were designed to aid in the interpretation of subjects' MMPI profiles. The instrument consists of the same number of items as the MMPI and is similarly in true or false format. The Harris subscales were developed from an examination of items comprising each of the MMPI scales. Those items which seemed similar in content, or to reflect a single, common attitude or trait were grouped into subscales. The item intercorrelations were then estimated in order to verify the groupings. The subscales identified were: 1) Within the depression MMPI scale (subjective depression, psychomotor retardation, physical malfunctioning, mental dullness, brooding); 2) Within the hysteria MMPI scale (denial of social anxiety, need for affection and reinforcement lassitude-malaise, somatic complaints, inhibition of aggression), 3) Within the psychopathic deviate scale (familial discord, authority conflict, social imperturbability, social alienation, self-alienation, alienation). 4) From within the paranoia scale (ideas of external influence, poignancy, moral virtue); 5) No subscales were identified for the MMPI psychoasthenia scale; 6) Within the schizophrenia scale (social alienation, emotional alienation, object loss, lack of ego mastery-cognitive, lack of ego mastery-conative, lack of ego mastery- defect of intuition and control, lack of ego mastery-intrapsychic automony, sensorimotor dissociation); 7) From within the hypomanic scale (amorality, psychomotor acceleration, imperturbability, ego inflation). Information regarding the item content and intercorrelations of each subscale may be found in the source document. Applications of the Harris' subscales include delineation of psychological differences between groups and assistance in diagnosis. Further information regarding the subscales may be found in Lingoes, J. C. MMPI factors of the Harris and the Weiner subscales. Journal of Consulting Psychology, 1960, 24(1), 74-83. A copy of the instrument is available from the author.

IMAGINAL PROCESS INVENTORY

Dimensions of daydreaming: A factor analysis of imaginal process and personality scales. In: S. Sega Imagery. New York: Academic Press, 1972.

Singer, Jerome L., & Antrobus, John S., Center for Research in Cognition and Affect, Graduate Center, City University of New York, 33 West Forty-second Street, New York, NY 10036

The Imaginal Process Inventory (IPI) is a 344-item instrument that contains 28 subscales. Two of the subscales measure the frequency of daydream and night dream, 20 of the subscales are designed to measure the content and structure of daydreaming and imaginal processes and the remaining six subscales are designed to measure curiosity and patterns of attention. The subscales are identified as: 1) Daydreaming frequency; 2) Night dreaming frequency; 3) Absorption in daydreaming; 4) Acceptance of daydreaming; 5) Positive reactions in daydreaming; 6) Frightened reactions to daydreams; 7) Visual imagery in daydreams; 8) Auditory images in daydreams; 9) Problem solving daydreams; 10) Present-oriented daydreams; 11) Future in daydreams; 12) Past in daydreams; 13) Bizarre, improbable daydreams; 14) Mind wandering; 15) Achievement-oriented daydreams; 16) Hallucinatory-vividness of daydreams; 17) Fear of failure daydreams; 18) Hostile daydreams; 19) Sexual daydreams; 20) Heroic daydreams; 21) Guilt daydreams; 22) Curiosity, interpersonal; 23) Curiosity, impersonal-mechanical; 24) Boredom; 25) Mentation rate; 26) Distractibility; 27) Need for external stimulation; 28) Self-revelation scale. Each item is responded to on a 5-point scale. Sample items include: "I picture myself risking my life to save someone I love"; "While reading, I often slip into daydreams about sex or making love to someone"; "I imagine myself physically hurting someone I hate." Except for the absorption in daydreaming subscale (20 items, maximum score, 100), all subscores can be 60. There is no proven basis for their clinical or industrial use as tests. Normative data are available only for college educated subjects. This instrument is not likely to be suitable without further revisions for use with persons of limited education, foreign language speaking groups, or children below the adolescent age range. Additional information, the scoring manual, and a copy of the instrument may be obtained from the first author. See also: Singer, J. L. Daydreaming. New York: Random House, 1966.

THE INTERPERSONAL ORIENTATION SCALE

Hattiesburg, MS, University of Southern Mississippi, 1971.

Alcorn, John D., Erb, Everett, & Davis, J. B., Department of Guidance, University of Southern Mississippi, Hattiesburg, MS 39401

The Interpersonal Orientation Scale (IOS), 1971 Revision, is a questionnaire designed to measure an individual's general orientation to interpersonal relationships on a manipulative-altruistic axis. The 1971 revision of the IOS is designed to measure, in addition, preferences for each of four manipulative techniques. The IOS is primarily intended for use with adults and is designed especially for research in interpersonal relationships. Part I contains 50 items posed as forced choices to 25 hypothetical interpersonal situations. Each item includes a matched pair of opposite responses. An example (abridged) is: "A younger brother plans to change jobs. You believe the change to be a bad move. Would you (a) tell him the move would be a mistake, or (b) not interfere?" Part II contains 66 statements which require a response of degree of agreement from a 5-point scale ranging from "strongly agree" to "strongly disagree." An example of a Part II statement is: "I really dislike seeing people not acting their age." The IOS was developed from a theory of interpersonal relationships proposed by Erb and Hooker with items originally designed to reflect five hypothesized manipulative techniques. Subsequent factor analysis yielded only four manipulative factors which are included in the 1971 revision. The earlier version (1965) discriminated significantly among groups of school personnel, college students and loan company executives. The instrument is self-administered and can be completed in half an hour, but there is no time limit. Scoring requires two keyed templates which yield separate scale scores. Validity data for the 1971 IOS are not yet available. Reliability estimates range from .78 to .92. Construct validity data and other information about the 1965 IOS are summarized in: Alcorn, J. D., & Erb, E. D. Interpersonal relationship preferences of educators. Personnel and Guidance Journal, 1967, 45, 463-468, and Alcorn, J. D. Construct validation of the interpersonal orientation scale. The Southern Journal of Educational Research, 1967, 1, 105-120. A preliminary manual containing technical data and norms is in process of development for publication. A copy of the instrument may be obtained from the author.

METHODS OF HANDLING FRUSTRATION QUESTIONNAIRE
Injury Control Research Laboratory, Rhode Island, 1969.

Salvatore, Santo, Department of Health, Education and Welfare, U. S. Public Health Service, Injury Control Research Laboratory, 235 Promenade Street, Providence, RI 02908

The Methods of Handling Frustration Questionnaire is an instrument designed to measure personality and attitude variables which are of significance for the prediction of performance in situations which explicitly or implicitly place constraints on the subject. The instrument is intended as a research instrument and assesses, in addition to the mode of handling frustration, stability, self-constraint and constriction. The instrument's rationale stems from the frustration-aggression hypothesis. The response to a frustrating situation is viewed theoretically as being a dominant attitudinal expression. A frustration triad of responses to such situations is viewed as "direct-hostile," "cooperative-submissive," or "substitute-deviate." The questionnaire was developed by conducting a logical concept analysis and then selecting items pertinent to measurement of the concept. The questionnaire contains 270 items of three types, declarative statements which describe a subject, statements which describe the world, and word descriptions of the subject. In the case of the first two types of items, the subjects responds on the basis of a 4-point scale of agreement. Sample items are: "I often feel I have done something wrong"; "Duty is something we exact from others.. "The third item type is represented by a set of three adjectives from which the subject selects the one which best describes himself. The instrument is self-administered in one-half hour to one hour. Scoring requires two to three minutes using template procedure. Validity data are available from the author. To date, the major applications of the questionnaire have been in discriminative studies of performance tasks and with a group of subjects who have used marijuana freely. A copy of the instrument is available from the author.

PERCEIVED SELF QUESTIONNAIRE
Growing up in college. New York: Jossey-Bass, 1968.

Heath, Douglas H., Department of Psychology, Haverford College, Haverford, PA 19041

The Perceived Self Questionnaire consists of 50 items designed to measure intellectual skill, values, self-concept, relations with males and relations with females. Each item is placed on a bipolar scale. The subject rates on an 8-point scale the extent of his agreement with each item. A sample item is: "Fundamentally, I am very different from most other persons" to "Fundamentally, I am like most other persons." For scoring purposes, each scale position is assigned a value from one to eight, depending upon whether it is on the mature or immature end of the scale. Scores can be derived for: "Stability"; "Integration"; "Allocentricism"; "Autonomy"; "Symbolization"; and "General maturity." A copy of the instrument and validity data are available in the source document.

PERSONALITY/ATTITUDE SCHEDULE
A personality/attitude schedule for use in experimental bargaining studies. Journal of Psychology, 1967, 65, 233-252.

Shure, Gerald, & Meeker, Robert J., 735 Muskingum Avenue, Pacific Palisades, CA 90272

The Personality/Attitude Schedule (PAS) is an instrument that contains the following scales: a) Aggressive militarism; b) Conciliation versus belligerence in interpersonal relations; c) Authoritarian nationalism versus equalitarian internationalism; d) Risk avoidance; e) External versus internal control; and f) Suspiciousness versus trust. These scales were the result of a factor analysis of items taken from nine existing instruments: California F scale; Brim's Extremity-Confidence scale; Guilford, Christensen, Bond and Sutton Human Interest Tests; Thurstone Temperament Schedule; Rotter's Internal/External Control Scale; Levinson's Internationalism Scale; McCord and McCord Integratist Conscience Scale; Gladstone International Scales and Putney and Middleton's Provocation Level for Nuclear Attack and Nuclear Fatalities Acceptable. The current form of the PAS contains 102 items. It is divided into three parts. The first part contains 69 items. Each item is rated on a 7-point agree-disagree scale. A "7" indicates very great agreement and a "1" very great disagreement. Part II contains 24 items and each item is answered on a 3-point scale, "yes", "no" and "can't decide." For Part III, each item consists of a pair of statements. There are 10 pairs of statements. For each item, the respondent is asked to choose from two statements the one that he believes to be true. Sample items include: "There are some people who can't be trusted at all"; "A surprising number of people are cruel and spiteful"; "We should not trade with nations whose policies we don't approve."

To score the PAS, each item has either a positive or negative weight. The contribution of a particular item to the total score is the product of the item weight and the respondent's answer. Split-half reliability coefficients for the PAS are reported to be .77 for aggressive militarism, .80 for conciliation versus belligerence, .87 for authoritarian nationalism versus equalitarian internationalism, .81 for risk avoidance, .56 for external versus internal control, .72 for suspiciousness versus trust. Validity discussions, descriptive statistics, scoring key, description of scales, and a copy of the instrument are available in the source document.

PERSONAL LEISURE ACTIVITIES PROFILE QUESTIONNAIRE
Indianapolis, Indiana University, 1969.

Hartlage, Lawrence C., Indiana University of School of Medicine, 1100 West Michigan Street, Indianapolis, IA 46202

The Leisure Activities Profile Questionnaire consists of 200 items designed to match individual interest patterns with avocational activities. Each item consists of two statements. The subject is instructed to circle that statement in each pair which best describes him. Sample items are: "I try to spend as much time outdoors as I can"; "I generally make new friends very easily." The questionnaire is self-administrating and is designed to be completed at home and mailed to Leisure Activities Personal Profile Center, 222 West Osborn Road, Phoenix, AZ 85013 for computer scoring. Completion time ranges from 30 to 45 minutes. The instrument was developed through an empirical method of item selection. Originally, 484 questions dealing with personal preferences were generated. From a sample of 362 individuals, correlations were obtained between each question and 10 liked and 10 disliked avocational interests. Any questions whose mean correlation with all interests was less than .20 was discarded. All but 70 questions and the 141 most popular avocations were eliminated. The 70 questions were combined into a forced choice format involving 200 pairs of questions, and the correlations between answers for each question and a given avocation were entered into a computer program. Test-retest reliabilities over a two day to two week interval range from .68 to .80. In research applications of this instrument it was possible to provide for each individual an average of three avocations which each person thought he would like (Hartlage, L. C. The scientific management of leisure time. Journal of Clinical Psychology, 1969, 25(2), 226-228). A copy of the instrument is available from Mr. Joseph Lewis, Computer Research, 222 W. Osborn Road, Phoenix, AZ 85013.

THE PERSONAL OPINION SURVEY
Tucson, University of Arizona, 1971.

Coan, Richard W., Department of Psychology, University of Arizona, Tucson, AZ 85721

The Personal Opinion Survey assesses several aspects of the experience of control, the sense that one actively chooses, successfully wills, or achieves mastery over himself and the circumstances around him. An initial broadly scoped, 130 true-false item survey was subjected to factor analysis and further development to yield expanded and refined scales for seven factors representing important dimensions of experienced control: 1) Achievement through conscientious effort; 2) Personal confidence in ability to achieve mastery; 3) Capacity of mankind to control its destiny versus supernatural power; 4) Successful planning and organization; 5) Self-control over internal processes; 6) Control over large scale social and political events; and 7) Control in immediate social interaction. The survey consists of 120 true-false statements. Some sample items are: "Anyone who is willing to work hard can be successful; "Everybody can and should decide for himself what is right and wrong"; "Anyone can learn how to interact with people and have good friends." The survey is self-administering and was originally given in groups in a college setting, usually taking a half hour for completion. It does not demand high reading ability, however, and has been used with other kinds of groups in a hospital setting. Sex differences do exist beyond the one percent level on four of the scales, with men showing greater control than women. Kuder-Richardson reliability coefficients for the scales ranged from .67 to .83. Test-retest reliability is considered by the author to be a better measure for this type of instrument, however, and is presently being investigated. More information and a copy of the instrument are available from the author.

PSYCHO-EPISTEMOLOGICAL PROFILE
Development of an inventory to measure ways of knowing. Psychological Reports, 1967, 21, 529-535.

Smith, W. A. S., Royce, Joseph R., Ayers, David, & Jones, Brian, Dean of Summer Sessions, United States International University, San Diego, CA 92100

The Psycho-epistemological Profile (PEP) is an instrument designed to measure subjects' epistemological hierachy, i.e., the psychological process that persons differentially employ to formulate their conceptions of reality or knowledge. The author has identified three such "ways of knowing" and the cognitive activity associated with each of these: rationalism (thinking); empiricism (perceiving); metaphoric (symbolizing). The PEP consists of 90 items, 30 corresponding to each epistemological predisposition. Sample items from the test are: "In choosing a job I would look for one which offered opportunity for experimentation and observation"; "Our understanding of the meaning of life has been furthered most by art and literature"; "Higher education should place a greater emphasis on mathematics and logic." Subjects are asked to express agreement or disagreement with the attitude expressed by the item in terms of five response alternatives, ranging from "completely agree" to "completely disagree." The

PEP is self-administering to groups or individuals and requires 20 to 30 minutes for completion. The instrument best lends itself to hand scoring. The present form of the PEP was developed from an analysis of the results obtained from an initial administration of the test to 200 graduate students pursuing fields assumed to represent each of the three epistemological processes. Only those items meeting both internal consistency and reliability criteria were retained. Positive internal consistency coefficients for the present form of the PEP have been observed. Retest reliability coefficients ranging from .79 to .85 have been obtained for the three test scales. Reference to the PEP is made in Royce, J. R., & Smith, W. A. S. A note on the development of the psycho-epistemological profile (PEP). *Psychological Reports*, 1964, 14, 297-298; and Smith, W. A. S., Royce, J. R., Ayers, David J., & Jones, Brian The development of an inventory to measure ways of knowing. *Psychological Reports*, 1967, 21, 529-535. Further information and a PEP manual containing a copy of the profile and normative data may be obtained from the author, J. R. Royce, Educational Testing Service, Division of Analytical Studies and Services, Princeton, NJ 08540.

SITUATIONAL PREFERENCE INVENTORY

Interactive styles and social adaptation. Cambridge, Department of Social Relations, Harvard University, 1972.

Edward, Carl N., Post Office Box 86, Village Station, Medway, MA 02053

The Situation Preference Inventory (SPI) is a brief, self-administering, paper and pencil questionnaire designed to assess individual styles of social interaction. The SPI consists of 22 sets of statements. Each set contains three statements, each representing a different style of interaction: "Cooperation" ; "Instrumental" ; or "Analytic." Cooperational interaction is characterized by receptivity to and understanding of the needs of others and resolution of social conflicts through personal sacrifice. Instrumental interaction reflects a preference for dealing with situations by structuring them and through close reliance upon lines of authority, similarity of interest, and adherence to tradition and custom. Analytic interaction is characteristically represented by a tendency to deal with people and situations through an understanding of situational and interpersonal cues and through exploration of other than existing or normative courses of action. Subjects are asked to indicate which of the three statements they agree with most and which they agree with least. A sample item is: "I prefer friends that a) are interesting and stimulating, b) tend to view things the way I do, c) are warm and sincere." Average administration time is approximately 10 to 15 minutes. Scoring of the SPI may be done by hand or by computer. Six week test-retest reliabilities are .74 for cooperational, .82 for instrumental, and .80 for analytic styles of interaction (N = 35). Intercorrelations of the three SPI scales range from -.31 to -.65 (N = 543). Normative and validity data (based on 2,383 subjects from 24 populations) are reported in the source document. The instrument will be published shortly. A copy of the instrument and computer scoring programs are available from the author. An additional reference is Edwards, Carl N. Interactive styles and social adaptation. *Genetic Psychology Monographs*, 1973, 87, 123-174.

A STUDY OF CHOICES, FORM VII

The effect of some childhood and adolescent experiences in the emergence of values. Ithaca, NY, Cornell University, 1949.

Egbert, Robert L., Teachers College, University of Nebraska, Lincoln, NB 68508

The Study of Choices, Form VII is an instrument designed to establish a personal value pattern. The instrument consists of 30 groups of five value statements each. The subject is asked to rank the statement in each group according to their importance. The values include: "An aesthetic appreciation" ; "Comfort and relaxation" ; "Excitement" ; "Freedom" ; "Friendship" ; "Family life" ; "Intellectual activity" ; "Personal improvement"; "Power and control" ; "Recognition" ; "Religion" ; "Privacy" ; "Security" ; "Society life" ; "Social service." Each value appears 10 times in the test and is in the same group with every other value at least twice but not more than four times. Evidence for validity was obtained through informal interviews. The Froelich index of test reliability produces a median coefficient of .69. A copy of the instrument is available in the source document.

SURVEY OF INTERPERSONAL VALUES

Chicago, Science Research Associates, 1960.

Gordon, Leonard V., School of Education, State University of New York, Albany, NY 12203

The Survey of Interpersonal Values is a 30-item, forced choice preference questionnaire designed as a measure of six basic motivational patterns, or values, important in a person's relationship with others in everyday life. (Gordon, L. V. *Survey of interpersonal values*. Chicago: Science Research Associates, 1960). According to the author, this forced choice questionnaire is uncorrelated with intelligence and is difficult to fake. The test consists of statements grouped into sets of three representing things that people consider to be important to their way of life. Subjects are instructed to examine each set and within each set find the one statement which represents what they consider to be most important and the one statement considered least important. A sample set contains the three items: "To have people think of me as being important"; "To have complete personal freedom"; "To know that people are on my side." In research applications of this instrument, it has been found that politically left-oriented students were less concerned with social acceptance than right or middle-oriented college students. (Kerpelman, L. C. Student political activism and ideology: Comparative characteristics of activists and nonactivists. *Journal of Counseling Psychology*, 1969, 16(1), 8-13. See also, *Research briefs on survey of interpersonal value.* Chicago: Science Research Associates, 1963. A copy of the scale may be obtained from Science Research Associates, 259 East Erie Street, Chicago, IL 60611.

TENSION-HOSTILITY QUESTIONNAIRE

New York, Fordham University, 1968.

Tsushima, William T., Straub Clinic, 888 South King Street, Honolulu, HI 96813

The Tension-Hostility Questionnaire is designed to measure the reactions of people in a stressful situation, particularly that preceding a serious surgical operation. The questionnaire has two sets of items: one set pertaining to emotional tension and the other set pertaining to hostility. Items in the emotional tension set deal with overt expressions of nervousness, discomfort, anxiety, and fear. Items comprising the hostility set deal with overt expressions of aggression. The items are mixed randomly and administered as a single questionnaire. A pilot study yielded Kuder-Richardson reliability coefficients of .84 for the tension items and .71 for the hostility items. To develop the instrument, pertinent items were selected from existing personality inventories and adapted to a form more useful in the surgical situation. Scoring is done by taking the sum of the responses considered to be indicative of emotional tensions. The questionnaire was found to be correlated with the Marlowe Crowne Social Desirability Scale. More information and a copy of the instrument are available from the author.

TWO PARALLEL SHORT FORMS OF WELSH'S A AND R SCALES

Desensitization and relaxation in the modification of psychiatric patients' interview behavior. *Journal of Abnormal Psychology*, 1968, 73(1), 18-24.

Zeisset, Ray M., Lincoln Regional Center, P. O. Box 80499, Lincoln, NB 68501

The Two Parallel Short Forms of Welsh's A and R Scales (TPSF-WARS) are an adaptation from the A and R scales developed by Welsh, G. S. Factor dimensions A and R. In G. S. Welsh and W. G. Dahlstron (Eds.), *Basic readings on the MMPI*. Minneapolis: University of Minnesota Press, 1956, p. 264-281. The A scale measures the general anxiety factor and the R scale measures repression or cautiousness, i.e., the tendency to deny relatively neutral or nondeviant statements. The parallel forms were created by taking half of the items from the original Welsh A and R Scales for one form (Form B) and the other half of the items for its parallel form (Form J). A total of 20 A-items and 20 R-items appears in each form. The use of these two parallel forms eliminates the necessity for the subjects to use the same items for before and after treatment assessment. Interform correlation coefficients were: A = .89, R = .72. Test-retest coefficients were: .91 for scale A Form B; .90 for scale A Form J; .93 for the total A scale; .79 for scale R Form B; .68 for scale R Form J; and .77 for the total R scale. Additional information and a copy of each of the instruments are available from the author.

BODY IMAGE IDENTIFICATION TEST

The body image identification test: A quantative projective technique to study an aspect of body image. Journal of Genetic Psychology, 1966, 108, 19-33.

Caldwell, Willard E., Psychology Department, The George Washington University, 2115 G Street, N.W., Washington, DC 20006

The Body Image Identification Test (BIIT) is an instrument designed to measure feelings of masculinity and femininity as they relate to body image. The instrument is intended for use with an unspecified sample of subjects and is primarily designed for assessing conscious sex role identification, unconscious motivations, and subjective experiences of body image, and body ego. The BIIT consists of seven drawings, each of whole figures, face parts, shoulder and arm parts, and hip and leg parts. The seven drawings of each body figure differ quantitatively in seven dimensions on a continuum according to degrees of masculinity and femininity. Subjects are asked which figures are most nearly like themselves or their mother and father and which figures would they most want to be like. The BIIT is administered by an examiner with no specified time limit. Normative and reliability data are available in the source document. To date, the major application of the instrument has been with a sample of male and female normal, disturbed, and slow learning adolescents. A copy of the instrument is available from the author.

A BRIEF VERSION OF THE FRANCK DRAWING COMPLETION TEST

Sex-role identity and pragmatic action. American Sociological Review, 1970, 35(3), 491-502.

Bezdek, William, & Strodtbeck, Fred L., Department of Sociology, The University of Chicago, 1126 East Fifty-ninth Street, Chicago, IL 60637

The Brief Version of the Franck Drawing Completion Test (BV-FDCT) is a projective test designed to measure sex-role identity. The original version of this instrument was developed by Franck, K., & Rosen, E. A projective test of masculinity-femininity. Journal of Consulting Psychology, 1949, 13, 247-256. The scores obtained from the respondents of both sexes are distributed along a continuum according to the femininity of their responses. This instrument consists of 11 line drawings placed in square frames that are to be completed or added to by the subject. The stimuli may be arranged with one stimulus on each sheet of 5 1/2" by 8 1/2" paper followed by a clean sheet or there may be two stimuli printed on an 8 1/2" by 11" sheet of paper with the stimuli on the upper right and lower left part of the paper for odd numbered pages and the upper left and lower right of the paper for even numbered pages. This procedure is designed to prevent tracing of a drawing that may be visible from the next page. There are three general principles for content scoring: 1) Score masculine, (0) when drawing is active and female, (1) when it is passive; 2) Score M(0) when drawing shows activity or objects related to males' roles and F(1) when activity or objects relate to female roles; and 3) Score M(0) when drawing is symbolic and F(1) when it is realistic. Examples of these principles are: "Males tend to draw caricature faces and figures, profiles, cartoons, nude figures, weapons, games, objects related to technology, etc."; "Females tend to draw realistic figures and faces, stick figures, passive friendly-looking animals, trees and flowers, food, clothes, hearts, houses, playground activities, etc." Validation and comments upon the rationale of the test are available in Strodtbeck, F. L., Bezdek, W., & Goldhammer, D. Male sex role and response to a community problem. Sociological Quarterly, Summer 1970, 291-306. Additional information concerning scoring procedure and drawing content categories may be obtained from Fred L. Strodtbeck, Director, The Social Psychology Laboratory, The University of Chicago, Chicago, IL 60637.

CARTOONS TEST

China Lake, CA, Naval Weapons Center, 1970.

Treadwell, Yvonne, 410 G Street, S. E., Washington, DC 20003

The Cartoons Test was designed to measure the ability to create humor. The test consists of 18 original cartoons providing a wide possible range of responses. Subjects are given 45 minutes in which to create a humorous and appropriate caption for each cartoon. The cartoons are scored by two raters on a 5-point scale. Interrater reliability was found to be .71. A Spearman-Brown estimate of test reliability based on the average correlation among the cartoons was .72. Since use of humor was noted to occur frequently among creative people, correlations between the score from the cartoons test and three creativity tests were investigated. Significant relationships between humor and creativity were found. Further discussion of this study may be found in Treadwell, Yvonne. Humor and creativity. Psychological Reports, 1970, 26, 55-58. A copy of the instrument and more information may be obtained from the author.

THE CHROMATIC DIFFERENTIAL TEST
A manual for the chromatic differential scales. Wichita Wichita State University, 1972.

Sweney, Arthur B., & Bowles, M. A., Center for Human Appraisal and Communication Research, Wichita State University, Wichita, KS 67208

The Chromatic Differential Test (CDT) is an instrument designed to test the hypothesis that in the context of the testing situation, the subject organizes his perceptions and connotations of color into some consonant system. The CDT is intended to measure the ways in which colors become a framework within which people and emotional descriptions are placed in psychologically meaningful juxtaposition. In order to relate concepts to colors, the CDT locates a concept's position in color space. Color space is represented by a number of color forms which consist of six color scales. These scales are comprised of rows of 10 color graduations (e.g., from deep scarlet to magenta) which are graduated according to some principle of color variation established upon empirical grounds of operational efficiency rather than along theoretical lines alone. The CDT consists of several color forms on which are presented six such color scales. These color forms are encased in plastic and presented to subjects with 20 significant constructs which the subjects will relate to the various color stimuli. The classes of constructs presented are: 1) Preferences; 2) Emotional states; 3) Significant persons; 4) Important institutions; and 5) Self-concept. Within each of the above construct classes the following concepts are rated by subjects according to the color associated with each: 1) "Like, dislike"; 2) Happiness, anger, love, sadness, success, fear"; 3) "Father, mother, brother, sister, husband, wife, son, daughter;" 4) "School, church, job"; 5) "Self." A clear plastic template with only the name of the construct to be rated at the top is placed over the color form containing the color scales. The test administrator then asks the subject such questions as: "Mark the colors you like least"; "Which colors remind you of your father?" The subject marks his response to each of the 20 constructs on the plastic template. Scoring of the CDT consists of calculating the distance between the constructs in color space by counting the total number of color intervals (graduations) which lie between them. The CDT is individually administered and requires about 20 minutes for completion. These distance scores are recorded on a summary sheet which describes the most important kinds of interrelationships. Those interrelationships found to be most useful in individual dynamic analysis are provided on the summary sheet. Further information regarding the instrument's validity, reliability, and interpretation may be obtained from the author. Copies of the CDT may similarly be obtained from the author.

THE CONDITIONAL PERSONALITY TEST
The conditional personality test: A cross-cultural analysis. Journal of Social Psychology, 1971, 83, 141-142.

Hare, A. Paul, Department of Sociology and Anthropology, Haverford College, Haverford, PA 19041

The Conditional Personality Test (CPT) is an instrument designed to measure respondents' behavioral predispositions in interacting with various personality types under various sorts of situations. In the CPT subjects are given, in turn, a description of a person who is: 1) Dominant; 2) Positive; 3) Submissive and 4) Negative. Thus, for example, the dominant personality is described as follows to subjects: "Suppose one of the group members makes a strong bid to lead the others...he appears authoritative and shows great energy and determination";...he enjoys taking responsibility for getting the job done and gives the impression of being wise, well-organized and strong..."; "...he carefully avoids any expression of weakness or uncertainty." For each of the four personality types, dominant, positive, submissive and negative, a similar personality sketch is provided for the subject. The first four descriptions refer to males and the last four refer to females. The wording is identical for the male and female counterparts of each personality type. Below each of the eight personality descriptions which comprise the CPT there are 11 identical statements providing conditional facts about the person described in the personality sketch, each varies the fictitious individual's age, social class, intelligence, race, looks and political beliefs relative to that of the subject. Sample items rated by subjects are: "If he (she) were considerably more intelligent than you, how would you react to him (her)?"; "If he (she) were several years younger than you, how would you react to him (her)?" Each of the 11 items for each of the eight personality descriptions are given three separate ratings by subjects: 1) A rating from 0 to 7 corresponding to "I would dislike him" (0) and "I would like him" (7); 2) a rating from 0 to 7 corresponding to "I would be quiet, contained, reserved" (0) and "I would be active, confident, forceful" (7); 3) a rating from 0 to 7 corresponding to "I would be critical, negative, unfriendly" (0) and "I would be agreeable, friendly, warm" (7). The instrument was first used by Breer (Breer, P.E. Predicting interpersonal behavior from personality and role. Unpublished doctoral dissertation, Harvard University, 1960) and its development was based upon the two dimensional theory of interpersonal relations proposed by Leary (Leary, T. Interpersonal diagnosis of personality. New York: Ronald Press, 1957). The present adaptation of the CPT was used in a cross-cultural comparison of ratings made by Philippino, Nigerian, and American subjects. Across cultures and personality types, subjects were more active when respoding to younger and less intelligent individuals. Also, subjects are more agreeable with dominant and positive persons if they are older and more intelligent. Further information regarding the findings of the present study may be found in the source document. A copy of the CPI may be obtained from the author.

THE DRAW-A-PERSON TEST
An atlas of figure drawings. *Studies on the psychological characteristics of medical students, III.* Baltimore, MD, Johns Hopkins Press, 1966.

Thomas, Caroline B., Study of Precursors of Hypertension and Coronary Disease, The Johns Hopkins University School of Medicine, 725 North Wolfe Street, Baltimore, MD 21205

The Draw-A-Person Test has been used clinically for many years as a projective test but without a systematic, reproducible scoring classification and adequate normative data. The author has attempted to fill these gaps and thus make the test more useful as a research tool as well as a clinical assessment device. The author and her colleagues have used this test in a longitudinal study of 17 successive classes of Johns Hopkins medical students between 1948 and 1964. A descriptive study of the drawings from this investigation and some normative data have been published in: Jones, L. W., & Thomas, C. B. Studies on figure drawings: Structural and graphical characteristics. *Psychiatric Quarterly Supplement*, 1964, 38, 76-110. Procedures for scoring the test are described in Jones, L. W., & Thomas, C. B. Studies on figure drawings: Manual of instructions for coding structural and graphic characteristics. *Psychiatric Quarterly Supplement*, 1965, 39, 241-267. The major applications of the instrument to date have been in studies comparing drawings made by men and women, smokers and nonsmokers, and by subjects of varying height, body proportion, blood pressure, heart rate, cholesterol level (Thomas, C. B., Jones, L. W., & Ross, D. C. Studies on figure drawings: Biological implications of structural and graphic characteristics. *Psychiatric Quarterly Supplement*, 1968, 42, 223-251). Reproductions of the actual figure drawing together with the characteristics of the subjects who drew them are contained in the source document. More information may be obtained from the author.

DURANT MULTIPLE-CHOICE RORSCHACH
Winter Haven, FL, Polk Junior College, 1969.

Durant, James E., Polk Junior College, 999 Avenue H., N. E., Winter Haven, FL 33880

The Durant Multiple-Choice Rorschach (abstractor's title) consists of a series of possible responses to the standard 10 Rorschach cards. Many of the responses have supplemental yes-no questions concerning movement where those particular alternatives are selected by the respondent. These response alternatives were developed from a sample of open-end Rorschachs given to migrant workers. The instrument was developed for use in a study of relationships between attitudes and personality characteristics in migrant workers. Reports concerning this study and a copy of the instrument are available from the author.

FACE SCALE
The construction of a new type of attitude measure. *Personnel Psychology*, 1955, 8(1), 65-77.

Kunin, Theodore, Psychological Consultants to Industry, 421 Seventh Avenue, Pittsburgh, PA 15219

The Face Scale is an instrument designed to permit a respondent to express a quantitative response to any chosen attitude object or stimulus. The instrument is intended for use in rating or attitude surveys as a substitute for verbal descriptions. The experimental version of the instrument has two forms, Form I containing simple drawings of faces, and Form II containing stylized circular faces. Each form consists of 11 faces along a continuum from "happy" to "unhappy." The arc of the mouths in the two series varies in gradations from convex to straight line to concave. Curvature of the mouth line is identical between forms. Faces in Form I are drawn to approximate a typical face shape but vary from one another in other facial characteristics in addition to the mouth line. Faces in Form II are all alike except for the mouths. The faces in Form II are circles containing two horizontal lines for eyes, one vertical line for nose, and the mouth as described. Scale values were computed for each form from judgments of college students. By using five faces from Form I to nine faces from Form II, scales can be composed with roughly equal units. Correlations between corresponding faces in the two forms range from .23 to .46. Standard deviations are smaller for the character faces than for the circle faces. Reproductions of the faces and related statistical information are available in the source document.

FACIAL AFFECT SCORING TECHNIQUE

San Francisco, The Langley Porter Neuropsychiatric Institute, Studies in NonVerbal Behavior, 1972.

Ekman, Paul, Studies in NonVerbal Behavior, 1405 Fourth Avenue, San Francisco, CA 94122

The Facial Affect Scoring Technique is an atlas of still photographs of facial behavior in each of three areas of the face. The person conducting measurement compares the facial behavior to be measured with the atlas. There are six items for the brow-forehead, 11 items for the eye-lids, 27 items for the lower face. The instrument measures from facial behavior information about the presence or absence of six emotions, "Happiness," "Sadness," "Anger," "Fear," "Surprise," and "Disgust." The Facial Affect Scoring Technique can be used to measure affective information from still photographs, films, or videotape. Its purpose is to provide information about felt emotion in the expresser, as well as to provide information about the social impression that the expresser will give off. About 15 hours are required to train a technician in the scoring procedure. A still photograph can be scored in less than a minute while scoring spontaneous facial behavior off of film or videotape takes about two hours for each minute of behavior. Reliability data are available from the author. In research applications of this instrument it has been shown that measurements of facial behavior from still photographs predicts better than 80 percent of the time the impression that others obtain as to what emotion is conveyed or shown by a face (Ekman, P., Friesen, W. V., & Tomkins, S. S. Facial affect scoring technique: A first validity study. *Semiotica*, 1971, 3(1), 37-58). A second study has shown that facial behavior scored as showing either surprise or disgust is associated with differences in concomitant heart rate (Ekman, P., Malmstrom, E. J., & Friesen, W. V. Heart rate changes with facial displays of surprise and disgust. Unpublished manuscript, September, 1971). At present the instrument is available only to investigators who have received training in its use. Within a year a manual will be available, and the Facial Affect Scoring Technique will be more widely available.

THE GROUP PROCESS RORSCHACH

The group process in gang rape. *The Journal of Social Psychology*, 1959, 49, 259-266.

Blanchard, William H., 4307 Rosario Road, Woodland Hills, CA 91364

The Group Process Rorschach is a variation of the individually administered Rorshach technique intended for use with small groups of individuals who are asked to collectively evaluate ink blot contents. The procedure was developed for the purpose of: 1) Using the Rorschach situation to investigate the social structure and interpersonal dynamics of small groups (e.g., leader-subordinate roles and interactions thereof); and 2) Using the Group Rorschach to overcome the fact that members of certain social subcultures (in this study, juvenile delinquents) do not provide codable or informative responses in the individual administration of the Rorschach (an example of such a response cited by the author is "It looks like spilled ink.") Some of the reasons for this lack of cooperation are: 1) Fear of revealing information; 2) Fear of the experimenter as a representative of the establishment; 3) Inter-racial distance between the experimenter and the subject; 4) Lack of understanding of the Rorschach task, and others. Using the basic presupposition that a group may exert an influence on certain individuals which the ordinary two-person experimental encounter is incapable of doing, the author used the Group Process Rorschach to investigate the group processes involved in gang rape. The author found that when the Rorschach task was transformed into a collective endeavor in which one Rorschach response had to be agreed upon by all group members, responsiveness of all subjects increased dramatically and yielded highly useful information regarding the group structure and the personalities of the individual youths as these helped to in some instances support that structure, and in others contribute to its breakdown. The value of the present instrument is its ability to provide valuable diagnostic information about subjects whose reading handicaps make impractical the assessment of personality through conventional pencil and paper tests. Further information regarding the use of the Group Process Rorschach may be found in Blanchard, W. H. The consensus Rorschach: Background and development. *Journal of Projective Techniques and Personality Assessment*, 1968, 32(4), 327-330.

THE HUMAN RELATIONS INCIDENT

The relationship between perceptual characteristics and effective teaching at the junior college level. Gainesville, University of Florida, 1972.

Dedrick, Charles V., University of Northern Iowa, Department of Educational Psychology, Cedar Falls, IA 50613

The Human Relations Incident is an instrument designed to provide a projective stimulus by which protocols may be elicited from subjects. The instruments was developed as part of a study attempting to identify the sorts of self and other perceptions which might be used to distinguish effective teachers or helpers. The rationale behind the development of an instrument designed to investigate perceptions is that perceptions are seen by the authors as the causal antecedents of behavior. This internal point of view proposes that behavior is a response to that which is perceived, and it is thus necessary to look within at the ways in which persons differentially perceive their environment in order to find the sorts of perceptions (rather than the sorts of behaviors) related to effective or successful teaching. The instrument itself consists of a projective task in which the subject is asked to recall a significant past event from a human relations standpoint. Subjects are asked to write a description of their actions, feelings, etc. No length specification is made on the written description; several pages of writing space are provided. The behaviors, feelings, and actions provided by subjects in this projective task constitute a written behavior sample from which perceptual orientations proposed to distinguish the helper from the nonhelper are identified and scored by trained judges. Protocols are analyzed by trained raters by means of a separate rating instrument, the Perceptual Score Sheet. In a reliability study, four judges demonstrated significant levels of agreement in 75 percent of the perceptual ratings made. Further information and a copy of the projective task and rating form may be obtained from the author.

THE NON-VERBAL AFFECT MEASURE

Nonverbal technique for measuring affect using facial expression photographs as stimuli. *Journal of Clinical and Consulting Psychology*, 1972, 38(3), 449-451.

Cohen, Bertram D., & Rau, John H., Department of Psychiatry, Rutgers Medical School, Rutgers State University, New Brunswick, NJ 08903

The Non-Verbal Affect Measure is an instrument designed to measure affective states in patients by means of picture stimuli. The present procedure involves having subjects report their affective states by means of a recognition task involving the selection of facial expression photographs. The 41 facial expression photographs used to comprise the present instrument were selected from a larger set used in studies of college students by Rosenburg and Krauss (Rosenburg, S., & Krauss, R. Unpublished manuscript, Livingston College, 1967.) The Affective Content of 40 of the 41 photographs was determined by compiling affect-descriptor norms in the following manner. The 100 subjects (50 controls and 50 hospitalized depressives) were individually asked to provide a single adjective to complete the sentence, "The face in the picture looks like. . . ." describing the mood, feeling, or emotion expressed by the face shown in each photograph. This task was administered after a preliminary interview in which depressed subjects were given a rating as to degree of depression demonstrated by the subject during the interview. The actual pictorial self-description task involved giving the deck of facial expression photographs, mounted on 3" by 5" index cards, to each subject and asking subjects to pick out the one picture that "best looks like you feel." A rank frequency distribution was compiled within the depressed and control groups on the basis of frequency of selection of the various facial expression photographs. Of the 41 photographs, only 25 were actually selected by the 100 subjects in the self-description task. On the basis of the adjectives used by subjects to describe the expressions in the norm compiling phase of the experiment, these 25 photographs were divided into five groups, those described predominantly as sad, those described as thoughtful, as happy, as contented, and others (including such content descriptions as angry, shocked, surprised, and atten[illegible] The present instrument was found to significantly discriminate between controls and depressives, with depress[illegible]ients consistently selecting the sad expressions to describe themselves a far greater proportion of the time than controls, who tended to describe themselves as happy, contented, etc. In addition, the present measure was found to significantly discriminate between high and low levels of depression within the experimental group, as evidenced by the fact that depressed patients rated as severely depressed in the preliminary interview significantly selected sad self-descriptions with a greater frequency than depressed patients receiving moderate or slight level of depression ratings. Further information regarding the picture stimuli and this nonverbal affective index may be obtained from the author.

THE PERCEPTANALYTIC DREAM INTERPRETATION DEVICE

A rational exploration of the irrational: Freud's and Jung's own dreams reinterpreted. *Journal of Personality Assessment*, 1971, 35(6), 505-518.

Piotrowski, Zygmunt A., 2217 Spruce Street, Philadelphia, PA 19103

The Perceptanalytic Dream Interpretation Device is an instrument designed to formulate a new set of rules for the interpretation of manifest dream contents. The device was developed from a similar set of rules devised by the author for the interpretation of the Thematic Apperception Test (Piotrowski, Z. A. New rules for the interpretation of the thematic apperception test. *Psychoanalytic Review*, 1950, 37, 101-127). It was discovered by the author that the structured rules developed in the above cited study had even better application as interpretive guidelines for manifest dream content. Instead of learning about the dreamer (through his serial free associations to the different parts of the dream content) in order to be able to interpret his dream, this method used the manifest dream content in order to contribute to a description of the dreamer's personality. The system is applicable in the personality analysis of human subjects, in prognosis, and in treatment planning. The system is capable of indicating personal problems and conflicts of which the dreamer has conscious or subconscious awareness. A book with blind analyses of 12 dreams and a full explanation of this dream interpretation system is in preparation. See also: Piotrowski, Z. A. *Perceptanalysis: The Rorschach method fundamentally reworked, expanded and systematized*. (2nd ed.) Philadelphia: Ex Libris, 1965; and Piotrowski, Z. A. From inkblots to dreams, perceptanalysis generalized. *Rorschachiana Japonica*, 1972, 14, 1-10. Further information regarding this interpretive device may be obtained from the author.

PHYSIOGNOMIC CUE TEST

Perceptual and Motor Skills, 1967, 24, 403-420.

Rosett, Henry L., Robbins, Herbert, & Watson, Walter S., Boston University of Medicine, 80 East Concord, Boston, MA 02118

The Physiognomic Cue Test (PCT) is a test designed to measure the degree to which physiognomic perception occurs as part of a person's cognitive and perceptual approach to organizing stimuli. Physiognomic perception is defined as the general tendency to suffuse perceptions with an emotional or expressive quality. The PCT consists of 32 line drawings on nonspecific objects. Two sorts of items are included to measure the two proposed physiognomic tendencies, the tendency to interpret perceptions in terms of affective qualities and the tendency to interpret perceptions in terms of symbolic representations of inferred objects. Ratings of drawings are made along a 6-point bipolar scale. Subjects are asked to select which end of the scale best describes the drawing. One end of the scale provides a technical, geometric description, the other end provides a description in terms of either an affective state or an inferred object. Two sample items are: "A drawing of seven vertical lines to be rated as either 'seven lines pointing upward,' or 'a sunset'"; "A drawing of a waved line to be rated as either 'a curved line,' or 'peacefulness.'" The PCT was standardized on 1,030 high school seniors majoring in art or science. Factor analysis of the items resulted in stable test-retest item loadings, with the two kinds of items forming separate factors. Six month retest coefficients were .82 and .72 for affect and object items, respectively. Distinct perceptual styles were observed for students of different academic majors as well as for female versus male students, with greater PCT scores being observed for art and architectural students and for female students, as had been predicted. Significant correlations between the PCT and the Curtis Completion Form, a measure found to be related to the use of affect laden thoughts, confirmed the above trends. Further information and a copy of the test are available from the author.

PIOTROWSKI AUTOMATED RORSCHACH

Perceptanalysis: The Rorschach method fundamentally reworked, expanded and systematized. Philadelphia, Ex Libris, 1965.

Piotrowski, Zygmunt A., 2217 Spruce Street, Philadelphia, PA 19103

The Piotrowski Automated Rorschach (PAR) consists of a computer program for the automatic interpretation of responses to 10 Rorschach inkblots. The interpretative rules upon which the program is based use not only anecdotal verbal content of the responses but also make extensive use of such features of the response itself as whole versus detail response, movements of various kinds, initial subject reaction times, etc. The program is based on operational definitions of the numerous response categories originally outlined by Rorschach. The program has 342 parameters and 937 interpretative rules. In order to prepare protocols for computer analysis 22,000 different Rorschach responses were precoded. Protocol coding is accomplished by comparing the response to be coded with a list of precoded responses having the same main content (e.g., flying bat) and located in the same blot areas as the response to be coded (e.g., whole of plate one, position right side up). Coding is accomplished by having a coder copy the ordinal number of the precoded response that is identical with the one he is coding. A record of no more than 30 responses can be coded in this manner in less than 20 minutes. The single protocol of average complexity, once codified, is processed, and results are printed out by the computer in nine seconds. Discussion of the validity of the perceptanalytic computer approach may be found in Rosenthal, D., et al., (Eds.), *The Genain quadruplets*. New York: Basic Books, 1963. See also: Piotrowski, Z. A. Psychological testing of intelligence and personality. In: A. M. Freedman & H. T. Kaplan. *Comprehensive textbook of psychiatry*. Baltimore: Williams and Wilkins, 1967. Further information regarding this interpretative technique may be obtained from the author.

SOCIAL ORIENTATION TASKS

Gainesville, University of Florida, 1971.

Ziller, Department of Psychology, University of Florida, Gainesville, FL 32601

The Social Orientation Tasks (SOT) is a projective test designed to measure 10 components of self-other orientation: a) Self-esteem; b) Social interest; c) Self-centrality; d) Identification; e) Majority identification; f) Complexity; g) Power; h) Openness; i) Inclusion; and j) Marginality. The SOT was developed on the basis of two principles: a) The tasks require the subject to relate himself to the social environment; and b) The tasks are primarily nonverbal. Self-other orientations are defined as maps of the subject's perceived relationship with "significant other" people such as friends, parents, relatives, work group, teachers, and groups of people. The method employed by the SOT in expressing these perceived relationships involve the arrangement of symbols representing the self and significant others. That is, the respondent is either presented with or asked to draw stimuli made up of triangles, squares, rectangles, circles or a combination of them. Certain geometric figures are assigned by the respondent or experimenter to represent significant other people such as a friend, grandmother, teacher, or the person himself. The score obtained for each dimension is the weighted position or location where the respondent has placed himself in the stimuli. The author has developed three forms of the SOT. One form is for adults; the other for students in fifth grade through college, and the third is for children from ages five to nine. Split-half re liability coefficients for each dimension are as follows, Self-esteem, .77 to .89; Social interest, .77 to .92; Self-centrality, .65 to .66; Identification, .78 to .95; Major identification, .87; Complexity, .92; Power, .65 to .77; Openness, .64; Inclusion, .63; and Marginality, .82 to .87. The author and other researchers have been involved in many validity studies for the SOT. These references, additional information, complete scoring scheme, and a copy of the instrument are available from the author.

SOMATO-CHROMA APPERCEPTION TEST

Washington, DC, the George Washington University, 1966.

Caldwell, Willard E., Psychology Department, The George Washington University, 2115 G Street, N.W., Washington, DC 20006

The Somato-Chroma Apperception Test (SCAT) is an instrument designed to measure body image as an area of personality. The SCAT is intended for use with nonspecified samples and is designed primarily as a projective technique instrument was developed by employing principles from projective psychology, body image theory, and physical anthropology. The SCAT consists of a series of eight pictures of the male figure each of which is a different color. There is also an eight color series for individual parts of the body, face, torso, arms, and legs. The subject is asked to respond in the same manner to body parts. The SCAT is administered by an examiner with no time limit for completion. The author reports, however, that administration time ranges from 5 to 12 minutes. A constant light source positioned above a table is required for the administration of the instrument. Normative, reliability, and validity data are available in Caldwell, Willard E. The somato-chroma apperception test: A quantitative projective technique. Journal of General Psychology, 1966, 74, 253-272. To date, the major application of the instrument has been for research with black delinquents and adolescents, and white adolescents and adults. A copy of the instrument is available from the author.

PERSONALITY / ADULT RATINGS BY OTHERS

THE ACTIVITY RECORD FORM

Psychological Reports. 1970, 26, 41[illegible]-414.

Sachson, A. D., Sinnett, Robert, & Rappoport, Leon, no address for the first author

The Activity Record Form is an instrument designed as a measure of social isolation/involvement. It was designed as a method of assessing extroversion and introversion in emotionally disturbed college students participating in a project entitled. A Rehabilitation Living Unit in a University Dormitory Setting. The purpose of the project was to establish a rehabilitation living unit in a university residence hall so as to provide a resource for emotionally disturbed students who might otherwise require hospitalization or have to leave school. The Activity Record Form involves 15 minute ratings by interviewers in which subjects carefully recount the previous day's major activities (major activities are defined as those activities lasting five minutes or longer). The Activity Record Form allows systematic recording of each setting (place) reported by respondents, what the activity was that took place in each setting, the duration of the activity, and how many persons were present in each setting. The Activity Record Form allows the derivation of three major variables by which an index of social involvement/isolation is obtained for each patient: 1) Percent of time alone; 2) Percent of time spent in conversation; 3) Number of contacts reported. The Activity Record Form provides a section for recording the time, the place, and the nature of the activity. The interviewer simultaneously records the frequency and duration of conversation during the activities reported by respondents. Social involvement, as measured by the Activity Record Form, was shown to increase for patients of the rehabilitation living unit. In addition, clients of the rehabilitation living unit showed a decreased drop out rate, symptomatic improvement, and more favorable self images. Further information, a copy of the instrument, and the project summary are available from Robert Sinnett, Student Health Center, Kansas State University, Manhattan, KS 66502.

THE ANXIETY SYMPTOM RATING SCALE

The assessment of anxiety states by rating. The British Journal of Medical Psychology, 1959, 32, 50-55.

Hamilton, Max, Department of Psychiatry, University of Leeds, 15 Hyde Terrace, LS 9LT, England

The Anxiety Symptom Rating Scale is an instrument designed to assess the presence and severity of anxiety symptoms in psychiatric patients. The instrument consists of 13 major symptom areas: 1) Anxious mood; 2) Tension; 3) Fears; 4) Insomnia; 5) Intellectual (cognitive) symptoms; 6) Depressed mood; 7a) General somatic-muscular; 7b) General somatic-sensory; 8) Cardiovascular symptoms; 9) Respiratory symptoms; 10) Gastro-intestinal symptoms; 119 Genito-urinary symptoms; 12) Autonomic symptoms; 13a) Behavior at intervew (general); 13b) Behavior at interview (physiological). Within each of these symptom areas several specific symptomatic manifestations of that area are listed. Depending upon the number of symptomatic manifestations observed in the patient, a general severity rating for that particular symptom area is given to the patient. Sample symptom criteria within the various symptom areas is given to the patient. Sample symptom criteria within the various symptom areas are: "Anxious mood" (worries, apprehension, irritability); "Tension" (feelings of restlessness, fatigability); "Fears" (of dark, of strangers, of being left alone); "Insomnia" (broken sleep, nightmares); "Intellectual" (difficulty in concentration; poor memory); "Depressed mood" (loss of interest, early waking); "General somatic, muscular" (grinding of teeth, muscular stiffness); "Behavior at interview" (general tremor of hands, restlessness). On the basis of the observed presence of the various symptoms defining a major symptom area, a rating from zero to four is given the patient for each of the 13 variables. The ratings range from "none" to "very severe." The instrument is completed by a psychiatrist during the course of a psychiatric interview with the patient. As a test of interrater reliability two psychiatrists simultaneously rated the patient, and then a third psychiatrist evaluated the same patient during a second interview. The weighted mean of these correlations was observed to be .89, indicating a high degree of interrater reliability. The results obtained were factor analyzed and three factors emerged. A general anxiety factor, and a bipolar factor, composed of psychic versus somatic symptoms, were found to account for much of the observed variance. The third factor showed a clear-cut response to medication. See also: Hamilton, M. Treatment of anxiety states. Journal of Mental Science. 1958, 104(437), 1062-1068. Further information and a copy of the rating scale may be found in the source document.

DEPRIVATION SCALE

Atlanta, Veterans Administration Hospital, 1965.

Pascal, G. R., & Jenkins, W. O., Department of Surgery, Veterans Administration Hospital, Atlanta, GA 30319

The Deprivation Scale is an instrument designed to measure psychological and living stress factors and early historical variables which contribute to the prediction of surgical failure with intractable duodenal ulcer patients. The instrument is intended for use with patients diagnosed as surgical prospects for intractable ulcer surgery and is designed primarily for use as a research, not as a clinical, instrument. The Deprivation Scale contains three sections. The first is a face sheet which requires that the examiner obtain patient data concerning the patient's illness, demographic data, and a subjective estimate by the patient of his physical well being covering such items as ingestion, sleep, elimination, and motility. The face sheet is not scored. The second part of the instrument contains 16 items for each of which the examiner is required to make an absolute dichotomous judgment of "good,"

(0) or "poor" (1). Sample items are: "Job participation"; "Debts"; "Church." The section is scored by summing all "1" ratings. The third section asks for information concerning displays of affection from the mother in the patient's early life. A subjective rating of this information is made by the interviewer on a 3-point scale in which "three" represents behavior within normal expectancy limits, "two" represents an intermediate rating and "one" represents behavior considered to be markedly deviant. The scale was developed empirically on a sample of white male ulcer patients from the VA hospital in Atlanta with a mean education of 7.3 grades. The instrument is administered by a trained interviewer in a private room. Reliability and validity data thus far obtained are reported in a manual and interview guide for the Deprivation Scale. This document provides detailed instructions for interview administration and scoring plus numerous examples. To date, the major applications of the instrument have been in the author's ongoing research on predictive factors of surgical outcome for intractable duodenal ulcer patients. Copies of the instrument and manual are available from the authors.

EATING BEHAVIOR STUDY SHEET

Austin, Texas Department of Mental Health and Mental Retardation, Austin State Hospital, 1971.

Marburg, Don, 4110 Guadalupe, Austin, TX 78751

The Eating Behavior Study Sheet (EBSS) is an instrument designed to measure the behavior of hospital patients during meal periods such as lunch or supper. The EBSS is in the form of a checklist. The observer of the patient merely checks off those behaviors that apply in describing the patient. The observer may be either a clinical psychologist, a social worker, a child care worker, a nurse, a doctor or a hospital worker. Using the EBSS, the patient may be described as either disruptive or cooperative. An example of disruptive behavior would be "food-throwing." Cooperative behavior would be keeping the food on the plate. The patient is rated on eight disruptive-cooperative items and one general meal behavior item for each day of the week. This study sheet was used to determine the effect of child care workers eating with the children versus child care workers observing the children at meal time. Additional information and a copy of the instrument are available from Dr. Beverly Sutton, M.D., Austin State Hospital, 4110 Guadalupe, Austin, TX 78751.

EMPATHY QUESTIONNAIRE

People feeling: Joy, more joy, and the "slough of despond," Journal of Applied Behavorial Science, 1969, 5(1), 25-44.

Dunnette, Marvin D., Department of Psychology, University of Minnesota, Minneapolis, MN 55455

In order to study interpersonal perception judgments within the context of analyzing outcomes of T-group experiences, a conglomerative empathy scale was derived by Dunnette. It is intended for use with T-group participants and is designed to measure how much the participants have learned about each other empathically. During the first meeting, each person describes himself with the Strong Vocational Interest Blank, the Gough Adjective Checklist, [illegible] 180 statements related to various manifest need areas drawn from Jackson's Personality Research Form. At the beginning of the second session, individual empathy questionnaires are filled in by each group member. Each empathy questionnaire requires each perceiver to predict the specific preferences, adjectival descriptions, and manifest need statements of every other group member. New empathy questionnaires using the same methodology are completed during the sixth meeting of the groups. At the end of the fifth meeting, each member is asked to rank the other members according to their relative predictability. The empathy questionnaires are such that just one of two possible alternatives is correct for each item, as in a true-false test. Various methods of determining and scoring levels of empathy and accuracy of interpersonal perceptions are described in the source document.

INTERPERSONAL BEHAVIOR INVENTORY

Journal of Personality and Social Psychology, 1965, 2, 823-830.

Lorr, Maurice, & McNair, Douglas M., Department of Psychology, Catholic University of America, Washington, DC 20017

The Interpersonal Behavior Inventory (IBI) is an instrument designed for use by therapists in rating psychiatric outpatients. The instrument attempts to characterize patients' behavior in terms of 15 charcteristic modes of interpersonal interaction. The therapist is asked to rate the patient according to what he has observed and what the patient has himself reported. The dimensions measured are: "Dominance"; "Competitiveness"; "Aggression"; "Mistrust"; "Detachment"; "Inhibition"; "Submissiveness"; "Abasement"; "Deference"; "Agreeableness"; "Nurturance"; "Affection"; "Sociability"; and "Exhibition." The higher level dimensions are: "Nurturance"; "Sociability"; "Dependence"; and "Hostility." The test consists of 140 cyclically ordered items representing each of the factors. The therapist is asked to look at each statement and determine whether it reflects the patient's behavior. A value of "1" is given the item if it describes the patient "not at all," "2" if it describes the patient "occasionally," "3" if it describes the patient "fairly often," and "4" if it describes the patient "quite often." A recent application of the Interpersonal Behavior Inventory may be found in Steinhelber, John C. Journal of Consulting and Clinical Psychology, 1970, 34, 37-42. More information and a copy of the instrument may be obtained from the author.

INTIMACY CHECKLIST
Greenvale, C. W. Post College, 1969.

Tognoli, Jerome, Department of Psychology, C. W. Post College, Greenvale, NY 11548

The Intimacy Checklist is designed to measure the extent to which one person will match another on the intimacy level of his conversation. The checklist consists of 150 statements describing areas of personal information. Each of the statements was rated on its degree of intimacy on the basis of judgments made by 50 raters. Half of these statements are given to a subject as areas of conversation and half are given to a confederate. On each trial the subject hears the confederate choose two topics for discussion and then picks two topics from his list which he would like to discuss. Some of the available topics are: "Times when I have been afraid" (6.50); "The aspects of my personality that I dislike, worry about, or regard as a handicap to me" (8.27); "My love life" (10.00); "My favorite subjects in school" (1.81); "Things I had trouble with in school" (5.53); "Things in the past or present that I feel guilty or ashamed about" (10.25); and "The most boring and unenjoyable aspects of my work" (4.40). The numbers in parentheses are the ratings on an 11-point scale for intimacy for each topic. A discussion of the study in which this instrument was developed may be found in Tognoli, Jerome. Response matching in interpersonal information exchange. British Journal of Social and Clinical Psychology, 1968, 8, 116-123. More information and a copy of the instrument are available from the author.

THE MINIMAL SOCIAL BEHAVIOR SCALE
A scale for measuring minimal social behavior. Journal of Consulting Psychology, 1957, 21, 265-268.

Farina, Amerigo, Arenberg, D., & Guskin, Samuel L., Department of Psychology, U-30, University of Connecticut, Storrs, CT 06268

The Minimal Social Behavior Scale (MSBS) was designed as a short, objective, behavioristically-oriented interview technique in which all of the examiner's behavior is carefully planned, and subjects' responses to that behavior are seen as providing a measure of personality functioning. The MSBS clearly prescribes a 10-minute interview in which no variations in the examiner's speech or actions are permitted. The instrument consists of 32 orally presented items. A sample item involves the examiner saying: "Won't you have a seat?" A plus is given if the subject sits down without further urging. Another scale item requires that the examiner feign a headache with obviously pained grimaces and gestures. A plus is given for any verbal response which includes the concept of "head" or "pain." A time score is given depending on the rapidity or duration of the subject's response. A total of 64 points, 32 for performance and 32 for timed actions, is possible. In addition to responses, the subject is also rated on his ability to perform simple tasks upon request, such as copying geometric shapes. Also included are ratings in terms of appearance (e.g., a plus is scored unless subject's clothes are obviously disarranged, unbuttoned or misbuttoned). The MSBS has been found to have high levels of reliability and validity as an index of personality functioning when used with chronic schizophrenic and severely retarded subjects. A modified version of the MSBS has been developed for use with children (Ulmer, R. A. Token economy mental hospital society. International Journal of Psychology, 1970, 5, 269-274). Further information, a list of references in which the scale is employed, and a copy of the MSBS may be obtained from the first author.

MINNESOTA-FORD POOL OF PHENOTYPIC PERSONALITY ITEMS
Final Report, NIMH Grant 4465, August 1962.

Meehl, Paul E., Schofield, W., Glueck, B. C., Studdiford, W. B., Hastings, D. W., Hathaway, S. R., & Clyde, D. J., Department of Psychology, University of Minnesota, Minneapolis, MN 55455

The Minnesota-Ford Pool of Phenotypic Personality Items is a list of phenotypic personality traits designed for use by diagnosticians and psychotherapists in describing patients. The instrument samples 12 areas or categories of phenotypic traits: a) Avocational interests (what the person spends his time and energy doing away from work); b) Vocational interests (deals with the person's vocational pursuits); c) Value orientation (deals with the human values which predominate in the person's life); d) Primary group relationships (deals with the person's behavior and gratifications within the family); e) Attitudes (deals with how the person feels about certain categories of people, beliefs, institutions, movements, and social trends); f) Mood and temperament (deals with the content and quality of the person's behavior in specifically vocational areas); h) Manifest interpersonal patterns (investigates the amount, quality, direction, and style of the person's interpersonal patterns, including aggression, conformity, dominance, and recognition); i) Psychopathology (deals with behavior sufficiently deviant to be of psychiatric significance); j) Ethical behavior (investigates how an individual's actions and judgments conform to the ethical aspects of his or his culture's ego-ideal); k) Self-concept (deals with how the person perceives himself and the relation of this perception to reality); l) Ego organization and character structure (investigates the nature of the perceptive, cognitive, controlling, and integrating ego functions which are relatively permanent parts of the person's character structure). Sample items from these 12 areas respectively, are: "Expends considerable time and energy in pursuit of hobbies"; "Looks to his/her work for his/her life satisfaction"; "Favors conservative values"; "Is sentimental about home, mother, father, nations"; "Has loyalties to institutions or to the larger community"; "Readily becomes depressed"; "Experiences periods of boredom with respect to his/her work"; "Admires the expression of hostile behavior in others"; "Is overly ideational and ruminative"; "Petty, small-minded, tends to be rigid and legalistic in minor matters"; "Is severe in his/her self-critisism"; "Is capable of learning from his/her mistakes." The 229-item pool was developed from 64 sources including published and unpublished item pools, books, and journal articles. Further information and a copy of the pool are available from William Schofield, University Hospital, B-393, Minneapolis, MN 55455.

THE PERSONALITY INTEGRATION REPUTATION TEST

A reputation test of personality integration. Journal of Personality and Social Psychology, 1966, 3(5), 516-524.

Duncan, Carey B., 250 East 63rd Street, Apt. 906, New York, NY 10021

The Personality Integration Reputation Test (PIRT) is an instrument designed to identify those persons seen by peers as having a high degree of personality integration, i.e., an effective interaction within the various subsystems (e.g., interpersonal, cognitive, etc.) of personality. The PIRT consists of seven items. Test items were developed from Johoda's extensive review of the literature pertaining to concepts of positive mental health (Johoda, M. Current concepts of positive mental health. New York: Basic Books, 1958). From the concept groupings derived by Johoda, seven test items were developed to reflect each of the proposed conceptual categories. The PIRT is designed as a peer judgment scale, and items are constructed so that respondents give the names of three individuals receiving the greatest number of peer nominations are assumed to be those persons possessing a high degree of personality integration. Sample items from the test are: "Who are the persons who seem best able to express their feelings without hurting the feelings of others?"; "Who are the ones who seem best able to keep an open mind and not jump to premature conclusions?"; "Which three persons seem capable of forming deeper, more profound relationships with others and seem genuinely concerned with other people?" The PIRT was administered to members of 31 social fraternities. High reliability estimates have been obtained by both the split-half and test-retest methods (.82 to .88). An experimental application of the PIRT may be found in Thomas, M., & Seeman, J. Criterion measures for therapy outcome: A study in personality integration. Psychotherapy: Theory, Research, and Practice, 1971, 8(1). Related references, further information, and a copy of the instrument may be obtained from the author.

THE PHYSICIAN'S RATING FORM

The clinical physician as a research instrument: In defense of clinical judgment as a scientific measure. Psychosomatic Medicine, 1966, 23(3), 197-206.

De Wolfe, Alan S., Barrell, Robert P., & Cummings, Jonathan W., Psychology Research Laboratory (183A), Veterans Administration Hospital, Downey, IL 60064

The Physician's Rating Form (PRF) is an instrument devised to facilitate comparison of emotional responses to hospitalization of physically ill patients. The form consists of 11 items; the physician in charge lists the type of disability; rates the patient's current degree of disability and discomfort and degree and speed of improvement since admission to the ward, and predicts the amount of recovery expected in the next month and next 12 months, length of hospitalization, length and intensity of outpatient treatment after discharge from the hospital, and the extent to which his disability will interfere with normal working and living activities. A cluster analysis, performed on a correlation matrix of ratings for 517 patients, indicated that 5 of 11 items made a cohesive cluster (predicted length of hospitalization, speed of improvement to date, amount of recovery expected in the next month, amount of recovery expected in the next 12 months, and the extent to which the individual's disability will interfere with normal living). The ratings on these five items are added up to provide a "recovery score." Reliability and validity data, and a copy of the instrument are available in the source document.

THE PSYCHOLOGICAL AND PHYSIOLOGIC BEHAVIOR RATING SCALE

Portland, University of Oregon, 1972.

Irwin, Samuel, University of Oregon Medical School, 3181 S. W. Sam Jackson Park Road, Portland, OR 97201

The Psychological and Physiologic Behavior Rating Scale outlines systematic quantitative procedures for assessing psychological and physiological behaviors of normal and psychiatric subjects. The information sampled by the scale enables one to reconstruct a reliable image of the person and his baseline level of functioning as well as changes in that baseline level. Scale data quantitatively reveal his baseline (or "customary") psychological and physiological states and thus allow investigation of the effects of experimental manipulation (such as administration of a particular drug) on these baseline states. The key information can be obtained with minimal cooperation from the subject through the application of the systematic observational procedures outlined in the scale. Assessment of the subject can be completed in about 25 minutes, making it possible to obtain hourly response data on the effects of a particular treatment under controlled conditions. The scale consists of three areas of observation: "Behavioral"; "Neurologic"; and "Automatic." The behavioral observations are subdivided into frequency data and rating scale data. An example of a behavioral observation using frequency data is noting the number of times the subject's eyes are closed during the interval of observation. An example of rating scale data is noting the degree of the subject's "confusion" on a scale from zero to eight. An example of a neurological observation is "ataxia" rated on a 0- to 8-point scale ranging from "none" to "extreme." Interobserver reliability studies using 27 patients of varying type and two trained observers making independent observations of the same patient demonstrated complete agreement 55 percent of the time, a difference of 0.5 in scoring 82 percent of the time, and a difference of 1.0 or less in scoring 96 percent of the time. Limited test-retest studies indicate a high level of reproducibility for the scale. Major applications of the scale have been in drug studies investigating the degree to which drug effects on normal subjects are predictive of their effects on psychiatric subjects. Further information and a copy of the scale may be obtained from the author.

A SCALE FOR THE MEASUREMENT OF EMPATHIC ABILITY

Journal of Consulting Psychology, 1949, 13, 127-133.

Dymond, Rosalind, no author address

The Empathic Ability Rating Scale is an instrument designed to measure the extent to which one person is empathic to another. The test was designed to answer a question on how well the subject can transpose himself into the thinking, feeling, and acting of others. The test consists of four parts, each containing the same six items: "Self-confidence"; "Superior-inferior"; "Selfish-unselfish"; "Friendly-unfriendly"; "Leader-follower"; "Sense of humor." For example, if Subjects A and B are being tested for their empathy with each other: Part I, A rates himself (A); Part II, A rates B as he (A) sees him; Part III, A rates B as he thinks B would rate himself; Part IV, A rates himself (A) as he thinks B would rate him. Subject B will undergo the same 4-part rating procedure. From these data the two points of view are compared and an empathic rating for each subject can be determined. A high score indicates low empathic ability and a low score indicates high empathic ability. A copy of the instrument is available in the source document.

SCALE FOR RATING MANIFEST COMPLEXITY

The social competence of middle-aged people. Genetic Psychology Monographs, 1957, 56, 297-375.

Havighurst, Robert J., Department of Education, University of Chicago, 5835 Kimbark Avenue, Chicago, IL 60637

The Scale for Rating Manifest Complexity was developed as part of a study aimed at investigating the life style and level of social functioning of persons 40 to 70 years of age. The manifest complexity rating is a measure of the complexity of the individuals' present and past experience. A manifest complexity score was arrived at by separately rating: a) The complexity of personal relations, number and variety of persons with whom the subject carries on relationships; b) The complexity of activities and interests carried on by the subject in the present and past; c) Imaginative complexity, amount and complexity of activities requiring mental and emotional effort, such as reading, writing, artistic work, and planning for the future. On the basis of information obtained from respondents by means of a structured interview, each of the three aspects of complexity are rated on a 10-point scale. The rating scale itself consists of descriptive criteria by which to identify the high, medium, and low points in each of the three aspects of complexity. The criteria outlined serve as guidelines for assigning complexity scores from 0 to 9 to subjects on each of the three aspects. A sample of the criteria characterizing low complexity in interaction with persons is: ". . . little or no interaction with persons . . . if there is interaction, the quality is stereotyped." In a study of 234 men and women aged 40 to 70 years, manifest complexity scores were found to correlate with social competence scores. A recent revision of the instrument is reproduced in the appendix to the following publication: Havighurst, R. J., Munnichs, J. P., Neugarten, B. L., & Thomae, H. Adjustment to retirement: A cross-national study of retirement. New York: Humanities Press, 1970. Further information and a copy of the scales may be obtained from the author.

SCALES FOR RATING ROLE PERFORMANCE

The social competence of middle-aged people. Genetic Psychology Monographs, 1957, 56, 297-375.

Havighurst, Robert J., Department of Education, University of Chicago, 5835 Kimbark Avenue, Chicago, IL 60637

Scales for Rating Role Performance was devised as part of a study aimed at investigating the life style and level of functioning of persons aged 40 to 70 years. Level of functioning was measured by determining each respondent's competence or success in nine social roles considered to encompass at least 90 percent of adult behavior. These roles are: "Parent"; "Spouse"; "Homemaker"; "Worker"; "User of leisure time"; "Friend"; "Citizen"; "Member of clubs and associations"; "Church members." For each role, a profile of social expectations or duties appropriate to that role was developed from an analysis of literature by "the spokesmen of American values -- the social philosophers and ethical leaders." Thus, for each of the nine roles, the particular attitudes and behaviors regarded as characteristic of "high," "above average," "medium" "below average," and "low" levels of role functioning were described in nine rating scales. The role performance scales are used in conjunction with a structured interview outline designed to elicit information from respondents on what each person does in the performance of his various social roles, how much energy he invests in these roles, and how he feels about himself in his various roles. Behavior and attitude information provided by respondents on the interview is compared with the formulated criteria of competence for each role, and each respondent is assigned a competence score for each role ranging from "9" (high) to "0" (low). Ratings were made by the author and a trained assistant. Interrater reliability coefficients ranging from .86 to .95 were observed. Role competence was observed to correlated with social class and with measures of self-satisfaction and role motivation. Excerpts from the paragraph containing high competence criteria for the role of worker are: ". . . indicates that he has a feeling of working close to the peak of capacity . . . job holds an important place in work carrer . . . is well satisfied with choice of vocation." A recent revision of the instrument is reproduced in the Appendix to the following publication: Havighurst, R. J., Munnichs, J. P., Neugarten, B. L., & Thomae, H. Adjustment to retirement: A cross-national study of retirement. New York: Humanities Press, 1970. Further information and a copy of the scales may be obtained from the author.

SELF-ACTUALIZATION PEER ASSESSMENT RANKING
Pullman, Washington State University, 1972.

McDougall, William D., Department of Education, Washington State University, Pullman, WA 99163

The Self-Actualization Peer Assessment Ranking is an instrument designed to assess ability of peers to assess one another on the dimension of self-actualization. The instrument is designed for use by university students in teacher education programs and is intended primarily as a research tool. The ranking scale consists of a set of instructions which provides four characterizations of a self-actualized person. A sample characterization is: "Free"; "Not too inhibited"; "Not rigid." The instructions then require the subject to select a specific number (to be determined by individual researchers) of his peers among the class list provided which he considers to be most self-actualized and another specific set that are least actualized. Further, the subject is asked to select the one most and one least self-actualized person among his peers. The instrument is self-administered. To date, the major application has been in a study funded by the U. S. Office of Education to study teacher education programs conducted at Washington State University. A copy of the instrument is available from the author.

STANFORD HYPNOTIC SCALES, FORMS A AND B (1965) AND FORM C (1962), AND THE REVISED STANFORD PROFILE SCALES OF HYPNOTIC SUSCEPTIBILITY, FORMS I AND II (1967)
Hypnotic susceptibility, New York: Harcourt Brace Jovanovich, 1965.

Weitzenhoffer, Andre M., & Hilgard, Ernest R., Department of Psychology, Stanford University, Stanford, CA 94305

The Stanford Hypnotic Susceptibility Scales, Forms A, B, and C, and the Revised Stanford Profile Scales of Hypnotic Susceptibility, Forms I and II, all measure susceptibility to hypnotic suggestion. Their purpose is to assess the general level of hypnotic susceptibility (Forms A, B, and C) and to determine the particular kind of hypnotic ability possessed by the subject (Profile Scales, Forms I and II). Each scale consists of a standardized hypnotic induction followed by a series of suggestions; the subject's responses to these suggestions are observed and scored according to established criteria. The scales were developed by extensive pretesting and by selecting items that discriminated between different levels of susceptibility. The scales are administered verbally by a hypnotist; the time required is approximately 50 minutes each. The materials required, as well as normative, reliability, and validity data are given in the administration manuals. The scales have been administered to approximately 8,000 subjects in the Stanford laboratories, as well as having been used extensively elsewhese. The scales are available from Consulting Psychologists Press, 577 College Avenue, Palo Alto, CA 94306.

SUITABILITY EVALUATION SCALE
New York, 1965.

Kew, Clifton E., 245 East Nineteenth Street, New York, NY 10003

The Suitability Evaluation Scale (SES) is an instrument designed to measure the suitability of patients for group psychotherapy. The scale consists of six categories or rating criteria. In categories I to IV the therapist is asked to rate the behavior of a particular patient, in categories IV to VI the therapist is asked to rate his own behavior relative to a particular patient. Each category consists of five items which represent a range of least suitable to most suitable behaviors. These items are given the values of "0" to "4" respectively. The six categories are: 1) Amount of communication, items in this category range from no communication to always talking; 2) Quality of communication, items here range from detached and isolated to expressive and able to relate; 3) Quality of content in communication, items here range from bizarre and delusional to appropriate to reality, analytic, perceptive; 4) Capacity for change, items here range from passive, uninvolved, to making good use of therapy; 5) direction of therapist verbal activity, items here range from talking most of the time (i.e., patient uninvolved in therapeutic process) to therapist almost never speaks (i.e., patient involved in self-analysis); 6) Direction of the therapist verbal activity, items here range from listens with some suggestions to focuses on intrapsychic material with proper interpretation and timing. The patient's combined score on all six criteria allows the determination of the most optimal therapy situation for any particular patient. A pilot study using the SES on which 10 therapists rated 114 patients ranging in degree of maladjustment from chronically psychotic to psychoanalytically-oriented patients participating in extensive self-analysis demonstrated that high SES scores were related to the existence of objective criteria of psychoanalytically-oriented patients participating in extensive self-analysis demonstrated that high SES scores were related to the existence of objective criteria of psychological improvement. High SES scores were also correlated with subsequent two year evaluations by therapists with positive patient progress. Further information and a copy of the scale are available from the author.

VERBAL BEHAVIOR CONTENT ANALYSIS

The measurement of psychological states through the content analysis of verbal behavior. Berkeley: University of California Press, 1969.

Gottschalk, Louis A., & Gleser, Goldine C., Department of Psychiatry and Human Behavior, University of California, Irvine, CA 92664.

The Verbal Behavior Content Analysis procedure is an instrument designed to measure certain personality traits and to assess various psychological states. The measurement method chosen utilizes a function that is uniquely human, namely, speech and its semantic aspect or content. Tape-recorded, 5-minute verbal samples are obtained from each subject at varying times (depending on the experiment or desires of the investigator), using the Gottschalk-Gleser method of asking the subject to tell an interesting or dramatic life experience. Scoring requires trained personnel who do a content analysis of the verbal samples; the Gottschalk-Gleser scales deal with such variables as anxiety, hostility outward, hostility inward, ambivalent hostility, social alienation-personal disorganization, cognitive-intellectual impairment, achievement strivings, human relations capacity, hope, dependency, etc. This method of content analysis, which considers the grammatical clause as the unit of communication of meaning, utilizes categories of content, meaning or themes, organized and weighted according to various scaled psychological dimensions. Reliability and validity data are reported in the source document. This procedure has been used in psychopharmacological investigations, in psychosomatic studies, in psychotherapy studies, in studies of interviewer effects on anxiety and hostility, and in many other kinds of studies. A manual of instructions for the use of these scales is available: Gottschalk, L. A., Winget, C. N., & Gleser, G. C. *Manual of instructions for using the Gottschalk-Gleser content analysis scales*. Berkeley: University of California Press, 1969.

PERSONALITY/ADULT SELF-RATING INSTRUMENTS

THE AFFECT SCALE

The semantic differential as a tool in predicting the potential effectiveness of student nurses. Gainesville, University of Florida, 1969.

Girona, Ricardo, Bowling Green State University, Department of Education, Bowling Green, OH 43403

The Affect Scale (AS) is an instrument designed to measure positive self-regard as well as positive regard toward others. The AS thus provides an indirect, pencil and paper measure of self-concept. The present AS consists of 18 Likert-type scales. These scales follow closely the semantic differential rating method developed by Osgood, in that the scale end points are bipolar adjectival qualities which are separated by a continuum of seven spaces. Sample items from the AS are: "Clean-dirty" ; "Careless-careful" ; "Unfair-fair" ; "Friendly-stingy." Each instrument consists of two pages on which are printed the identical 18 rating scales, one page is titled "Ratings of myself," the other is titled "Ratings of others." Subjects are instructed to place a check in the appropriate space depending upon the degree to which they perceive themselves or others as possesing the quality being rated. There are two forms of the AS, Form A and Form B. Form B, currently in use, is a shortened, improved version of Form A where response set is controlled for by reversal in the direction of some of the scales. Test-retest and split-half reliabilities were .79 and .78 respectively. Form A and B were found to correlate .95 with one another. The author reports strong content and construct validity for the AS. A predictive validity coefficient of .52 was also obtained. The AS may be easily administered to large groups of subjects; it requires about five minutes for completion and about two minutes for hand scoring. Normative data have been compiled and are supplied with the instrument. An experimental application of the AS may be found in Foulds, Girona, and Guinan. Changes in ratings of self and others as a result of a marathon group. Comparative Group Studies, 1970, 1(4), 349-355. Further information and a copy of the AS may be obtained from the author.

THE ALTRUISM SCALE

The altruism scale: A measure of cooperative, individualistic, and competitive interpersonal orientations. The American Journal of Sociology, 1966, 71(4), 407-416.

Sawyer, Jack, 2728 Durant Avenue, Berkeley, CA 94707

The Altruism Scale assesses the weight an individual places on his welfare relative to the welfare of another in terms of three interpersonal orientations. These orientations are seen as comprising a continuum of altruistic behavior, at one end of which is cooperation, at the other end of which lies competition, and at the midpoint of which lies individualism. These orientations are measured as a preference for one of three situations corresponding to cooperation, individualism, and competition respectively: a) A preference for that outcome in which the sum of one's welfare and the welfare of another is the greatest; b) A preference for that outcome in which one's own welfare is the greatest, irrespective of the welfare of another; c) A preference for that outcome in which the relative advantage of one's welfare is the greatest. Subjects are asked to rank according to preference situations which differentially assign a particular grade or salary to oneself and a particular grade or salary to another. The situations to be ranked by preference represent all possible self-other combinations of grade or salary assignments. Thus, situations to be ranked may range from the highest grade or salary for both self and other (cooperation) to the highest grade or salary for self and the lowest grade or salary for other (competition). The scale measures how responses vary according to the relationship to the other person, by asking subjects to rank situations when the other is a friend, a stranger or an antagonist. The scale was administered to three groups assumed to differ in altruism, social science, business, and YMCA college students. An indication of the scale's validity was provided by the significant differences in mean altruism scores over all conditions observed for the three groups. Also, responses toward friend, stranger, and antagonist varied systematically for the three groups. Internal consistency, as measured by Cronbach's alpha, was .79. The source document contains the essential information needed to design a scale for a particular use.

BERGER (1952) QUESTIONNAIRE

Generalization of verbally conditioned self-acceptance to social interaction in small group discussions. Canadian Journal of Behavioral Science, 1970, 2(2), 105-115.

Coons, W. H., McEarchern, D. L., & Annis, H., Department of Psychology, York University, 4700 Keele Street, Downsview 463, Ontario, Canada

The Berger (1952) Questionnaire is an instrument designed to measure attitudes toward "self" and "others." This scale is constructed around nine elements of definition of the self-accepting person and seven elements of definition of the person who is accepting of others. There are four items for each of these elements. It employs a 5-point rating scale, ranging from "1," "not at all true of myself," to "5," "true of myself," and is composed of 35 expressed acceptance of self (S-A) items and 28 expressed acceptance of others (A-O) items. A sample item is: "I'd like it if I could find someone who would tell me how to solve my personal problems." Reliability and validity data are available in Berger, E. M. The relation between expressed acceptance of self and expressed acceptance of others. Journal of Abnormal and Social Psychology, 1952, 47, 778-782. An additional reference is: Omwake, Katherine T. The relation between acceptance of self and acceptance of others shown by three personality inventories. Journal of Consulting Psychology, 1954, 18, 443-446. Normative data are available in the source document. To date, applications of the instrument have included verbal conditioning studies, selection into psychological services programs and modification of personality variables in mental health patients. A copy of the instruments may be obtained from E. M. Berger, Student Counseling Bureau, University of Minnesota, Minneapolis, MN 55414.

BODY ATTITUDE SCALE

Body attitude and physical health. Journal of Clinical Psychology, 1970, 26(2), 149-151.

Kurtz, Richard, & Hirt, Michael, Department of Psychology, Washington University, St. Louis, MO 63130

The Body Attitude Scale is an instrument designed to measure subjects' global attitudes toward the outward form of their bodies. The scale is a modification of Osgood's Semantic Differential utilizing three primary attitude dimensions (evaluative, potency, and activity). The subject's task is to rate 30 different body concepts such as "size of my arms," "color of my hair," etc., along nine, 7-point bipolar adjective scales sampling Osgood's three dimensions. For each dimension, a total score is obtained by summing item scores across all concepts. This composite score is then treated as an index of how a person feels about the overall appearance of his body. The bipolar scales used were "good-bad," "awkward-graceful," "beautiful-ugly," "weak-strong," "hard-soft," "thin-thick," "active-passive," "cold-hot," and "fast-slow." Internal consistency measures and generalizability coefficients are reported in the source document and/or in references given in the source document. The Body Attitude Scale has been used in correlational studies of its relationship to physical health and self-esteem. A copy of the instrument is available from the author.

THE BOSTON UNIVERSITY PERSONALITY INVENTORY

Psychosomatic Medicine, 1969, 31, 37-44.

Jacobs, Martin A., Boston University School of Medicine, 80 East Concord Street, Room 403, Boston, MA 02118

The Boston University Personality Inventory is designed to gather information about an individual's personality. The instrument consists of 62 statements which describe opinions, feelings, attitudes that people commonly express. The subject is asked to respond to the statements on a 6-point scale ranging from "entirely true" to "entirely false." Sample items are: "I frequently take other people's advice"; "I often feel annoyed and grouchy"; "I am occasionally bothered by nightmares"; "When I was a child I would always accept a dare"; "Most politicians are crooked"; "I am frequently troubled by diarrhea or constipation." The instrument is self-administered and requires approximately 30 minutes to complete. A copy of the instrument is available from the author.

THE BUTLER-HAIGH Q-SORT

Changes in the relationship between self-concepts and ideal concepts consequent upon client-centered counseling. In: C. R. Rogers, & R. F. Dymond (Eds.), Psychotherapy and personality change. Chicago: University of Chicago Press, 1954.

Butler, John M., & Haigh, G. V., 5846 University, Chicago, IL 60637

The Butler-Haigh Q-Sort is an instrument designed to tap respondents' self and ideal self-conceptions by means of a Q-sort technique. One hundred items were developed to comprise the Q-sort self-rating system. One hundred statements describing personality traits which are printed on cards are presented to subjects. Sample Q-sort items are: "I put on a false front"; "I am responsible for my troubles"; "It is difficult to control my aggression"; "I have a feeling of hopelessness"; "I have a hard time controlling my sexual desires." Subjects are asked to sort the 100 statements by placing each item card into one of nine piles. The nine piles range in descriptiveness from "like me" to "unlike me." The subject is then presented with a second task which involves his sorting the same 100 cards into nine piles which range in content from "like ideal" to unlike ideal." In addition, instructions to the subject specify a fixed number of cards which must be placed in each pile. The first four piles contain those items labeled "most like me." Each of these four piles must contain 1, 4, 11, and 21 items respectively, with the first pile containing the one item which is "more like the subject" than all other items. The fifth pile contains 26 neutral items. The last four piles contain 21, 11, 4, and 1 respectively and represent descriptions falling in the category of "least like the subject." This same sorting procedure is followed when items are rated in terms of "most like my ideal" to "least like my ideal." The instrument has been employed in a study of the positive effects of psychotherapy. Increased congruence between actual self and ideal self-conceptions as measured by Q-sort were observed for control subjects undergoing psychotherapy. Further information and a copy of the Q-sort items may be obtained from the author.

DEVELOPMENT OF THE CONCEPT-SPECIFIC ANXIETY SCALE

Technical Report Number III, HEW Grant RD-2464-P, June 1968.

Cole, Charles W., & Oetting, E. R., Psychological Research, South Hall, Colorado State University, Fort Collins, CO 80521

The Concept-Specific Anxiety Scale is an instrument designed to measure the amount of anxiety associated with the specific concept or situation. The instrument is intended for use primarily with college students and noncollege adults although it has been used successfully with mental patients in individual administrations. The instrument consists of a set of 15 bipolar adjective pairs, each pair separated into seven intervals. The respondent is asked to imagine himself in a specific situation and to rate how he feels. A sample item is:

"How I feel when I see a snake." Respondent rates the concepts "me" on a scale of "frightened" to "fearless"; "fingers" on a scale of "stiff" to "relaxed," etc. The instrument is self-administered in approximately 15 minutes (when only one stimulus is being rated) and requires about three minutes to hand score. The instrument may be used with a series of either verbal or pictorial stimuli and may be scored for factor one (seven scales), factor two (four scales), and total (15 scales). The reliability of the total scale is reported to be .86. Validity data are available from the authors.

CREATIVITY SELF-RATING SCALE

The effect of expecting to be evaluated on change toward favorable and unfavorable information about oneself. *Sociometry*, 1971, 34, 411-422.

Eagly, Alice H., & Acksen, Barbara A., Department of Psychology, University of Massachusetts, Amherst, MA 01002

The Creativity Self-Rating Scale consists of 19 items presented in a true-false format. In developing the instrument items were judged on an 11-point scale ranging from "extremely creative" to "extremely lacking in creativity" by 50 subjects. Scale values of the items were derived using Thurstone's equal-appearing intervals technique, and items with low variability of judgments were retained. Sample items and their scale values are: "I am almost always the most creative person in any group that I am in" (2.4); "I really lack the ability to go out on my own and produce something new" (9.6). A subject's self-rating on creativity is defined as the mean of the scale values of the items endorsed. A copy of the instrument is available from the first author.

DREAM RECALL FREQUENCY QUESTIONNAIRE

Austin, University of Texas, 1971.

Cohen, David B., Department of Psychology, University of Texas, Austin, TX 78712

The Dream Recall Frequency Questionnaire is a screening device which has been used in research on dream recall frequency, personality variables, and pre-sleep situational events. Subjects are asked to rate frequency of dreaming, frequency of sleep-talking, and sleep habits. In the case of dream recall frequency, the subject is asked how often during the last two weeks he had dream images or ideas immediately upon waking in the morning. He is given eight frequency categories to consider. The questionnaire is not concerned with the actual content of the dreams. It takes about five minutes to administer and one minute to score. To date it has been used with college students, but it may be administered to any literate sample. The dream recall frequency derived from this questionnaire is significantly related to that arrived at from the home diary method developed by the same author. Two versions of the questionnaire may be found in: Cohen, D. B. Presleep experience and home dream reporting. *Journal of Consulting and Clinical Psychology*, 1972, 38, 122-128. More information and a copy of the instrument are available from the author.

EXCITATION-INHIBITION INVENTORY

Carbondale, IL, Southern Illinois University, 1970.

Van Atta, Ralph E., Department of Student Counseling, University of Wisconsin-Milwaukee, Milwaukee, WI 53213

The Excitation-Inhibition Inventory is designed to assess the interplay of Pavlov's constructs of excitation and inhibition. For some time the importance of inhibitory and excitory processes in behavioral reactions has been recognized. People differ in the extent to which excitatory or inhibitory processes predominate. Excitatory types are generally "spontaneous, natural people who tend to be socially extraverted," and inhibitory types are generally reluctant to act and often ruminate, painfully, before settling on a course of action. The inhibitory type is often a compensation for and a "defense" against excitation. The inventory consists of four scales which were designed to define personality types and a fourth which was designed to define behavioral pattern. The scales are: "Inhibitory personality" (Scale I); "Excitory personality" (Scale II); "Pathology of excitation-inhibition" (Scale III); and "Excitation-inhibition balance" (Scale IV). Scales I, II, and III consist of 20, 19, and 30 items respectively. Each item is a statement that the respondent rates on a 5-point scale ranging from "not at all like me" to "quite like me." Some sample items are: (from Scale I) "I could be a very interesting person, but I keep too many feelings bottled up"; (from Scale II) "I rarely retreat from threatening situations because I enjoy the stimulation they provide"; and (from Scale III), "I am seldom moved by fear or anxiety and every once in a while my feelings just seem to break through or out and I can't help myself." Scale IV consists of 20 statements describing various situations. The respondent records his reactions to the situation on a 7-point scale ranging from a strong excitory behavioral response to a strong inhibitory behavioral response. An eighth response alternative reads, "I can't imagine myself in the situation as described." A copy of the instrument and more information concerning norms, theoretical basis, and development are available from the author.

EXPERIENCE QUESTIONNAIRE

The measurement of the dimensions of ego permissiveness. Personality: An International Journal, 1970, 1, 163-184.

Tait, Ronald, Faculty of Education, Monash University, Clayton, 3168, Victoria, Australia

The Experience Questionnaire (EQ) is an instrument designed to measure unusual personal experiences, hypnotoid states, peak experiences, openness, enjoyment of the unusual, belief in the supernatural, state of arousal and the use of cognitive control. The EQ may be used for both sexes and for all ages from 16 years and up. According to the author, the EQ's vocabulary can be understood by adults with average intelligence and a high school education. This questionnaire contains 88 items in the form of questions and statements. The respondent is required to respond on a 5-point scale according to how true the item is for him: 0) "Definitely untrue for me"; 1) "Probably untrue for me"; 2) "Can't decide"; 3) "Probably true for me"; and 4) "Definitely true for me." The EQ consists of nine scales: 1) Peak experiences, 2) Dissociated experiences, 3) Openness to inner experiences, 4) Belief in the supernatural, 5) Emotional extraversion, 6) Intrinsic arousal, 7) Controlled adaptability, 8) Intellectual control, and 9) Cognitive regression. Each scale contains 10 items except the ninth scale which contains only eight items. Any score from 0 to 40 is possible for each of the first eight scales and any score from 0 to 32 is possible for the ninth scale. Scores are obtained for individual scales and for an ego permissiveness scale derived by adding the scores for scale one, two, three, four, and six. The instrument is self-administering and usually takes about 10 to 30 minutes to complete. Norms are available for adult males and females separately and also for certain student groups. These norms, additional information and a copy of the instrument are available from the author.

FEAR SURVEY SCHEDULE (II)

Fear Survey Schedule (II): Normative data and factor analyses based upon a large college sample. Behavior Research and Therapy, 1969, 7, 403-407.

Bernstein, Douglas A., & Allen, G. J., Psychological Clinic, University of Illinois, Children's Research Center Building, Champaign, IL 61820

Fear Survey Schedule-II is an instrument designed to measure internal items of fear. The scale was originally developed by J. H. Geer, (The development of a scale to measure fear. Behavior Research and Therapy, 1968, 3, 45-53.) The FSS-II comprises 51 items and is simply a list of stimuli and situations to be rated by subjects in terms of the amount of fear or discomfort with which each is associated. The rating scale of FSS-II consists of seven points, ranging from "none" (scored one) to "terror" (scored seven). Sample items include: "Dead bodies"; "Worms"; "Hypodermic needles"; "Being with a member of the opposite sex." The test version reported here is designed primarily for research work. Factor analytic studies of the instrument have resulted in the following major factors: "Live organisms"; "Social interaction"; "Negative social evaluation"; "Personal illness or death"; 'Water"; "Illness or death of others." Validity and normative data are cited in the source document. Limitations in using the survey in particular situations are also discussed in the source document.

GOUGH INVENTORY

Pullman, Washington State University, 1972.

McDougall, William, Department of Education, Washington State University, Pullman, WA 99163

The Gough Inventory is an instrument designed to measure self-concept or description. The inventory is intended for use with university students in teacher education programs and is designed primarily for research purposes. The instrument consists of 15 self-descriptive statements. Respondents are asked to decide which statements generally describe them and which generally do not describe them. No item may be omitted. Responses are to be made quickly and spontaneously. Sample items are: "I like to fool around with new ideas, even if they turn out later to be a total waste of time"; "I am very careful about my manner of dress"; "Sometimes I rather enjoy going against the rules and doing things I'm not supposed to." The instrument is self-administered. To date, the major application of the instrument has been in a pilot study of teacher education programs conducted at Washington State University. A copy of the instrument is available from the author.

GROUP BEHAVIOR INVENTORY

Dekalb, Northern Illinois University, 1972.

Axelson, John, College of Education, Northern Illinois University, Dekalb, IL 60115

The Group Behavior Inventory (GBI) is an instrument designed to measure six behavior modalities occurring in group processes. The instrument is intended for use with adults and is designed primarily to assess the individual's emotional needs as a reflection of his perception of himself in a small group. The GBI is composed of 60 statements, each of which the individual rates on a 5-point scale with extremes of "not at all like me" and "very much like me." A sample item is: "Critical of other members." The instrument is a modification of a Q-sort device based on W. R. Bion's concepts of four emotional needs in group operation, and two research-developed need categories. Ten descriptive statements were empirically constructed for each of the six behavior modalities. Validity and reliability data and a copy of the instrument are available from the author.

JACOBS SCALE

Boston, MA, Boston University School of Medicine, 1969.

Jacobs, Martin A., Boston University School of Medicine, 80 East Concord Street, Room 403, Boston, MA 02118

The Jacobs Scale is an instrument designed to measure aspects of an individual's personality. The scale consists of 87 one-sentence items which describe various feelings people have. The subject is asked to respond to the items with one of four alternatives indicating to what degree he has experienced these feelings in the last week from "intensely" to "not at all." Sample items are: "Cheerful and merry describes my feelings"; "I have plenty of pep and bounce"; "I have a feeling of pessimism"; "My breathing is easy"; "I feel a feeling of pessimism"; "I feel as if I could cry"; "I have felt like scowling or glaring"; "I feel like hitting people"; "I am drained of drive and energy"; "My fists have felt tight and clenched." The instrument is self-administered and requires approximately 20 minutes to complete. A copy of the instrument is available from the author.

LATENT ANXIETY SCALE

Pittsburgh, PA, University of Pittsburgh, 1965.

Akutagawa, Donald, 2114 One hundred thirty-seventh Place, S. E., Bellevue, WA 98002

The Latent Anxiety Scale measures the degree of fear felt toward certain potentially fear-provoking items. It consists of 50 items which the examinee rates on a 7-point fear-intensity scale ranging from "none" to "terror." Some sample items are: "Speaking before a group"; "Dead bodies"; "Angry people"; "Sharp objects"; "Crawling insects"; "Feeling rejected by others"; "Scissors"; "Sickness." The instrument's development is described in Akutagawa, D. (Study in construct validity of the psychoanalytic concept of latent anxiety and a test of a projective distance hypothesis. Unpublished doctoral dissertation, University of Pittsburgh, 1965). The instrument was revised and renamed The Fear Survey Schedule, a normative study by Manosevits, M., & Lanyon, R. I. (*Psychological Reports*, 1965, 17, 699-703) and Rubin, B. M., Katkin, E. S., & Weiss, B. W. (Factor analysis, a fear survey schedule. *Behavioral Research and Therapy*, 1968, 6, 65-75). Reliability data are available in Braun, P. R., & Reynolds, D. J. (A factor analysis of a 100-item fear survey inventory. *Behavioral Research and Therapy*, 1969, 7, 399-402). No validity data are available as yet. The inventory takes approximately 15 minutes to administer and requires an IBM-type scoring sheet. Its primary application has been in research and it is presently being used for that purpose at the Diagnostic and Rehabilitation Center, a drug addiction and alcoholism treatment center, with both male and female clients. More information and a copy of the instrument are available from Philip R. Braun, Senior Staff Psychologist, Diagnostic and Rehabilitation Center, 304 Arch Street, Philadelphia, PA 19106.

THE PATIENTS' SELF-PERCEIVED TREATMENT NEEDS

Patients' self-perceived tratment needs and their relationship to background variables. *Journal of Consulting and Clinical Psychology*, 1971, 37(2), 253-258.

Fitzgibbons, David J., Cutler, Rhoda, & Cohen, Jacob, Institute of Living, Department of Clinical Psychology, 400 Washington Street, Hartford, CT 06106

The Patients' Self-Perceived Treatment Needs is an instrument designed to assess those areas of emotional functioning psychiatric patients perceived to be most in need of treatment aid. The instrument is intended for use with individuals currently in the course of psychiatric treatment as well as patients who have completed a treatment course and those who are awaiting treatment onset. The instrument was constructed on the basis of reported needs of psychiatric inpatients. The instrument is intended primarily as a research tool but may also be used as an adjunct to other measures of treatment outcome and as an aid in treatment planning. The instrument contains 85 items each of which consists of a short description of a behavior that potentially could be affected by treatment. The respondent rates each item on a 4-point scale ranging from "very much need help with" to "need no help with this at all." Sample items are: "Stop arguing"; "Have peace of mind"; "Control temper." The instrument was developed initially by holding interviews with 40 psychiatric inpatients concerning what they felt they needed help with. From these statements, 91 were selected and presented to 20 additional inpatients in the form of a card sort task; statements were sorted into four piles corresponding with the scale of perceived need for help. The instrument is self-administered. A factor analysis of the instrument which yielded seven clusters of needs is reported in the source document. The clusters are interpreted as need for help with anxiety-depression, superego complaints, gross psychotic symptoms, physical symptoms that are felt by the patient to be responsible for emotional difficulties, economic-vocational complaints, feelings of inadequacy, and marital difficulties. The instrument has been used to date in research studies investigating the relationship between self-perceived treatment needs and selected demographic variables. An analysis of the factor structure of self-perceived tratment needs of low and high social class patients is reported in Fitzgibbons, D. J., Social class differences in patients' self-perceived treatment needs. *Psychological Reports*, in press. A copy of the instrument and relevant reprints are available from the first author.

PSYCHOLOGICAL DISTANCE SCALE

Psychological distance, future time perspective, and internal-external expectancy. Journal of Projective Techniques and Personality Assessment, 1970, 34(4), 283-294.

Tolor, Alexander, Brannigan, G. G., & Murphy, V. M., Director, Institute for Human Development, Fairfield University, Fairfield, CT 06430

The Psychological Distance Scale (PDS) was designed to measure variations in desired intimacy with or isolation from specific others. Development of an optimum psychological distance is thought to be necessary in establishing satisfying interpersonal relationships. The scale consists of seven concepts: "Sister"; "Stranger"; "Father"; "Brother"; "Neighbor"; "Best friend"; and "Mother"; paired in all possible combinations. Each pair appears with five spaces in between the two concepts; the middle space is assigned a value of "0," the two adjacent spaces values of "1," and the two end spaces values of "2." The respondent places an X in one of the spaces depending on which of the two concepts he feels closest to. The final score for any one concept is the sum total number of points for that concept. Test-retest reliabilities were determined for two groups, 25 males with a test-retest interval of two weeks, and 17 males with a test-retest interval of one week. In the first group, r ranged from .64 to .90, with a mean of .73, and in the second group, r ranged from .53 to .92, with a median of .75. No t tests were significant except those for the concepts of "Mother" and "Father" which showed significant declines and increases respectively in closeness upon retesting. The PDS was found to be unaffected by social desirability, but considerably affected by sex differences. A copy of the instrument may be constructed from the journal article.

SELF-ATTITUDE SCALE

Los Angeles, Psychological Services Associates, 1961.

Bugental, James F. T., 645 University Avenue, Palo Alto, CA 94301

The Self-Attitude Scale is a 220-item survey of a person's feelings and attitudes toward various aspects of his life. The subject is instructed to work quickly and use first impressions rather than trying to study or reason out an attitude. For each item, the subject records his feeling by circling one of four responses, "acceptant feelings," "dissatisfied feelings," "mixed feelings," "no feelings." Sample items from the scale are: "My comfort in being with my family"; "The satisfaction I get from daily living"; "My hair"; "My ability to like men"; "My strength"; "My mouth"; "My boss or superior at work"; "My appetite"; "My emotional control"; "My self-confidence"; "My secret wishes and hopes." The instrument may be self-administered in 20 to 30 minutes. Additional information and a copy of the instrument are available from the author.

SELF-CONSISTENCY MEASURE

Self-consistency: Measurement and validation. Proceedings of the 75th Annual Convention, American Psychological Association, 1967, 97-208.

Gergen, Kenneth J., & Morse, Stanley J., Department of Psychology, Swarthmore College, Swarthmore, PA 19801

The Self-Consistency Measure consists of 39 adjectives, half judged by independent raters to be positive in character, and half negative. Sample adjectives are: "Optimistic"; "Honest"; "Lazy"; and "Noisy." The subject is instructed to: a) Choose five traits from each of the two lists (positive and negative) which describe him most accurately; b) List the traits down the side and across the bottom of a 10" x 10" matrix; c) Compare each trait with each of the others, and for each comparison indicate the degree of consistency on a 4-point scale ("0" for "generally compatible," "3" for "generally incompatible"). The subject's self-consistency score is simply the sum of the ratings. Test-retest reliability of the scale is .73 and the Self-Consistency Measure is uncorrelated with the Marlowe-Crowe indicator of social desirability responding. Construct validity data and the scale itself are available in the source document.

SELF-DESCRIPTIVE INVENTORY

Berkeley, University of California, 1969.

Ghiselli, Edwin E., Department of Psychology, University of California, Berkeley, CA 94720

The Self-descriptive Inventory is an instrument designed to assess the traits which an individual believes himself to possess. It serves, therefore, as a measure of a person's self-conception. The instrument is comprised of 64 items. Each item consists of pairs of descriptive words. For the first half of the items, the subject is asked to select one word in each pair that he thinks best describes him. For the second half of the items, the subject is asked to select the one word in each pair that is least descriptive of him. Examples of the pairs from which the subject must select the word that best describes him are: "Friendly versus cheerful"; "Efficient versus clear thinking"; "Capable versus discreet"; "Cooperative versus inventive"; "Affectionate versus frank." Examples of the pairs from which the subject must select the one word that least describes him are: "Shy versus lazy"; "Unfriendly versus self-seeking"; "Shallow versus stingy"; "Changeable versus prudish"; "Cynical versus aggressive." An experimental application of Ghiselli's Self-descriptive Personality Inventory may be found in the source document. The items contained in the inventory, the scoring keys, norms, and a complete description of how the scales were constructed and validated are given in the author's book, Explorations in Managerial Talent, published by The Goodyear Publishing Company, 15113 Sunset Boulevard, Pacific Palisades, CA 90272.

SELF-ESTEEM INVENTORY

Davis, CA. University of California, 1968.

Coppersmith, Stanley, Psychology Department, University of California, Davis, CA 95616

The Self-Esteem Inventory is an instrument designed to assess general level of self-esteem. The instrument has been used on both male and female subjects ranging in age from nine to adult level. There are two forms of the self-esteem inventory. Form A contains 48 items and a total of five subscales; Form B contains 25 items and no subscales. The two forms correlate .86. Form A contains items comprising five subscales which cycle in sequence the length of the instrument. These scales are "General self," "Social self-peers," "Home-parents," "School-academic," and a lie scale. A sample item is: "I'm a lot of fun to be with." The respondent is asked to check one of two columns ("like me," or, "unlike me") which best describes how he usually feels. The instrument is scored by taking the total number correct (i.e., indicating high self-esteem) on all scales excluding the lie scale, and multiplying by two to obtain a total maximum possible of 100. The lie scale is scored separately (maximum of 8) and indicates defensiveness. Form B includes those 25 items from Form A which showed the highest item total score relationships of scores on Form A obtained from an item analysis. The short form is scored simply by totaling correct responses (maximum=25). The instrument is self-administering. Norms are reported for preadolescents (ages 9 to 15) as 70.1 for females and 72.2 for males. For young adults (16 to 23) the norm is reported as 76.0. The distribution in most samples is skewed in the direction of high self-esteem. Validity data and further discussion of the application of the instrument to research are available in the author's monograph, *The antecedents of self-esteem*. Freeman: San Francisco. 1968. A copy of the instrument and a 15-page bibliography of self-esteem studies are available from the author.

SELF-INSIGHT QUESTIONNAIRE

Explorations of maturity. New York: Appleton-Century-Croft, 1965.

Heath, Douglas H., Department of Psychology, Haverford College, Haverford, PA 19041

The Self-Insight Questionnaire consists of 30 personality traits each placed on a bipoloar scale. The subject rates the degree to which he possesses one of each pair of traits. Ratings are made on an 8-point scale. Each scale position is assigned a value from one to eight. A rating of one represents the most immature rating on the trait while a rating of eight represents the most mature response. Sample traits are: "Cautious-adventurous"; "Aggressive-gentle"; and "Suspicious-trustful." Ratings can be made by the subject for his private self or social self. Ratings can also be made about the subject by his friends and associates (judge ratings). A number of self-concept scores can be computed: "Stability"; "Integration"; "Allocentricism"; "Autonomy"; "Accuracy"; "Maturity"; and "Judged ratings of maturity." A copy of the instrument as well as reliability and validity data are available in the source document. Other data on the test may be found in Heath, D. H. *Growing up in college*. New York: Jossey-Bass, 1968.

SELF-RATING SCALES

Journal of Projective Techniques and Personality Assessment, 1970, 34, 41-44.

David, Antnony, & Propper, Martin, M., Psychology Department, Brown University, Providence, RI 02912

The Self-rating Scale is an instrument designed to assess the dimensions or components of the psychological construct of alienation. The scale samples eight general personality dimensions proposed to be related to alienation: "Sociocentricity"; "Distrust"; "Anxiety"; "Optimism"; "Egocentricity"; "Pessimism"; "Trust"; "Resentment." The subject is asked to rate himself on the degree to which each of these dimensions is descriptive of his usual level of functioning. He is then asked to make additional ratings based on how the subject thinks his friends and acquaintances would rate him. In additional ratings based on how the subject thinks his friends and acquaintances would rate him. In addition to items investigating each of these eight alienation components, items are also included within each of these eight areas that describe situations in which such personality dispositions may manifest themselves. Thus, for example, in addition to self-ratings as to "sociocentricity," there are also items within this area dealing with "friendship," "devotion to others," "group effort," and "dedication to a cause." Within the area of "trust-distrust," items deal with trust-distrust of parents, peers, strangers, friends. Within the general area of anxiety," items deal with anxiety over illness, irrational fears, insecurity, occurrence of anxiety symptoms such as sleeplessness. Within the areas of "optimism" and "Pessimism" items refer to the world situation, personal future, social relations and personal success. Within the area of "egocentricity," items deal with such behaviors as self-admiration, attention-seeking, self-interest, individualism. Within the area of "resentment," items deal with resentment of parents, authority, society, peers. Subjects' ratings of each of the eight general dimensions as well as ratings of items within each dimension are made along a 7-point bipolar scale representing a continuum of ratings ranging from "is descriptive of me much less than most people" to "much more than most people." A detailed description of the development and use of the Self-rating Scale is available in Propper, Martin M. Academic achievement and alienation in intellectually able adolescents. St. John's University, 1968. This dissertation is available from University Microfilms, Xerox Company, Ann Arbor, MI. Further information and a copy of the instrument are available from the author.

THE SOCIAL VOCABULARY INDEX
Interpersonal relationships: factors in job placement. Regional Rehabilitation Research Institute Bulletin, 1968, 3, 1-51.

Jorgensen, Gary O., Janzen, Frederick V., Samuelson, Cecil O., & McPhee, William M., University of Utah, Alcohol and Drug Clinic, Salt Lake City, UT 84112

The Social Vocabulary Index (SVI) is an instrument designed to test the hypothesis that the self-concept of an individual client has a significant influence on the dynamics of the social interaction between the vocational rehabilitation client and his counselor. The instrument was developed as part of a study investigating the relationship between client-counselor interaction and the client's subsequent rehabilitation progress. The SVI is composed of six subscales, five [illegible]ms. The subscales are Self-concept scale, Self-acceptance scale, Ideal self[illegible] the Marlow Crown social desirability scale. SVI items consist of [illegible] presented either alone or in sentence form. For the self-concept subscale the 20 SVI adjectives [illegible]ented in sentence form, e.g., "I am a brave person." The respondent is asked to check one of the four response options, "most of the time," "more than half of the time," "hardly ever." For the self-acceptance subscale the 20 SVI adjectives are presented as single words, e.g., "ambitious," "mature," "helpful," etc., and subject is asked to rate the words which he previously used to describe himself in the self-concept test in terms of the degree to which he likes possessing each particular quality. The subject is asked to rate how he feels about being the way he is in terms of the four options, "I like it very much," "I like it," "I dislike it," "I dislike it very much." The ideal self subscale lists the 20 SVI adjectives in the following sentence form: "I would like to be a mature person." The subject rates the sentences in terms of the following, "most of the time," "more than half of the time," "less than half of the time," "hardly ever." The concept of others subscale presents the 20 SVI adjectives in sentence form, e.g., "Other people are generous," and asks subjects to rate items in terms of the same response options provided for the ideal self subscale. The vocabulary subscale is a validating measure designed to determine whether a respondent understands the words he has rated. This subscale presents each word and four other words from which the subject is to select the word that means the same as the SVI adjective. The social desirability subscale contains 33 "lie" items. Sample items are: "I have never felt the urge to tell someone off"; "I never resent being asked to return a favor." Subjects respond either "true" or "false." The SVI was developed from Bills Index of Adjustment and Values (Bills, R. E., Vance, E. L., & McLean, O. S. An index of adjustment and values. Journal of Consulting Psychology, 1951, 15, 257-261. Stability coefficients ranging from .62 to .92 were observed for the SVI subscales. Further information and a copy of the SVI may be obtained from the author.

SOMATIC PERCEPTION QUESTIONNAIRE
Perceived somatic reactions to stress: sex, age, and familial occurrence. Journal of Psychosomatic Research, 1969, 13, 77-82.

Stern, Robert M., & Higgins, David J., Department of Psychology, 417 Psychology Building, Pennsylvania State University, University Park, PA 16802

The Somatic Perception Questionnaire (SPQ) is an instrument designed to measure and record the perceived somatic responses to stress. The questionnaire consists of nine somatic symptoms or stress scales. These are: "Face hot and flushed"; "Nervous stomach"; "Sweating palms"; "Lump in throat"; "Cold hands or feet"; "General body sweating"; "Increased heart rate"; "Frequent urination"; "Awareness of heartbeat." Respondents are asked to recall certain stressful situations, such as an important interview, or making a speech before strangers. They are then asked to rate the presence or absence of each of the nine symptoms in terms of a Likert-type graphic rating scale depicting five response alternatives, "not at all," "slightly," "moderately," "greatly," "acutely." Respondents are given no time limit to complete the questionnaire. The SPQ is self-administering and is usually completed by subjects within 10 minutes. The SPQ was administered to college students and their families. Significant correlations between occurrence of particular symptoms and sex, age, and family membership were observed. A study applying factor analysis techniques to SPQ data may be found in Landy, F., & Stern, R. Factor analysis of a somatic perception questionnaire. Journal of Psychosomatic Research, 1971, 15, 179-181. This study demonstrated test-retest correlations ranging from .68 to .79 for the nine symptom scales. Further information and a copy of the instrument may be obtained from the author.

S-R INVENTORY OF ANXIOUSNESS
Psychological Monographs, 1962, 76(17), 1-33.

Endler, Norman S., Hunt, J. McV., & Rosenstein, Alvin J., York University, Toronto, Canada

The S-R Inventory of Anxiousness is an instrument designed to measure intensity of anxiety reactions to certain situations. It is also known as the Inventory of Attitudes toward Specific Situations, a title designed to obscure the basic purpose of the instrument when administered to naive subjects. The instrument is designed primarily for use with college freshmen and sophomores, although it can also be used with children and adults and with normal and abnormal populations. It employs a sample of 11 situations, selected to represent kinds of experiences that would be directly or vicariously familiar to the subject population, including both social and nonsocial situations, and varying from the typically innocuous to the quite threatening. A sample situation is: "You are just starting off on a long trip." Fourteen modes of responses are employed, chosen to represent positive and negative feeling states and to sample the subjects' perceptions of physiological responses. Responses include some of the complaints that have apparently been diagnostic [illegible] the MMPI and in the Taylor Manifest Anxiety Scale. A sample response is: "Heart beats faster." For each situation, the subject rates these 14 responses on a 5-step scale ranging from "none" to "very much." The instrument is self-administering. Reliability data and a factor analysis of the S-R Inventory are reported in the source document. Normative data are presented in the same source. In research applications of this instrument, it has been found that the nature of the situation assessed is more important than individual differences among subjects in determining the degree of anxiety displayed. It is suggested that further research in this area focus on the relative contributions of particular modes of response, situations, and individual differences to the experience of anxiety. A copy of the instrument is available from the first author.

SUBJECTIVE STRESS SCALE

Experimental studies of psychological stress in man. Psychological Monographs, 1962, 76(15), 1-37.

Berkun, Mitchell M., Bialek, Hilton M., Kern, Richard P., & Yogi, Kan, Psychology Department, Box 76, Quinnipiac College, Mount Carmel Avenue, Hamden, CT 06518

The Subjective Stress Scale (Kerle, R. H., & Bialek, H. M. The construction, validation and application of a subjective stress scale. Staff Memorandum, February 1958, United States Army Leadership Human Research Unit, Presidio of Monterey, CA) is an equal-appearing interval Thurstone scale of 15 words indicating affect. Sample words are "wonderful," "nervous," and "scared stiff." The Subjective Stress Scale (SSS) was developed by having army recruits sort a group of affect words into 11 categories. The words are presented to the subject in mixed order, and the subject is requested to mark the one word that best describes how he feels or felt about some specified object, event, or person. In research applications of this instrument it has been shown that the SSS is useful in assessing emotional response to environmental events (Berkun, M. M., Timiras, P. S., & Pace, N. Psychological and physiological responses in observers of an Atomic test shot. Psychological Reports, 1958, 4, 679-682). A slightly revised version of the SSS is available in which the word "panicky" is substituted for "terrible" and "in agony" is deleted. Copies of the scales and scale values are available in the source document.

TEMPLE FEAR SURVEY INVENTORY

A factor analysis of a 100-item fear survey inventory. Behavioral Research and Therapy, 1969, 7, 339-402.

Braun, Philip R., & Reynolds, D. J., Diagnostic and Rehabilitation Center, 103 Arch Street, Philadelphia, PA 19106

The Temple Fear Survey Inventory measures the degree of fear felt toward certain potentially fear-provoking items. It consists of 100 items which the examinee rates on a 5-point fear-intensity scale ranging from "none" to "terror." Some sample items are: "Speaking before a group"; "Dead bodies"; "Angry people"; "Sharp objects"; "Crawling insects"; "Feeling rejected by others"; "Unclean silverware in restaurants"; "Becoming mentally ill." The original form of this instrument was described in Akutagawa, D. Study in construct validity of the psychoanalytical concept of latent anxiety and a test of a projective distance hypotheses. Unpublished doctoral dissertation, University of Pittsburgh, 1965. It was originally called the Latent Anxiety Scale and since has been revised by a number of authors. See: Manosevitz, M., & Lanyon, R. I. Fear survey schedule, a normative study. Psychological Reports, 1965, 699-703; and Rubin, B. M., Katkin, E. S., & Weiss, B. W. Factor analysis, a fear survey schedule. Behavioral Research and Therapy, 1968, 6, 65-75. Reliability data on the current version are available in the source document. No validity data are available as yet. The inventory takes approximately 15 minutes to administer and requires an IBM type scoring sheet. Its primary application has been in research and is presently being used for that purpose at the Diagnostic and Rehabilitation Center, a drug addiction and alcoholism treatment center, with both male and female clients. More information and a copy of the instrument are available from the first author.

VALUE SURVEY

Halgren Tests, 873 Persimmon Avenue, Sunnyvale, CA 94087

Rokeach, Milton, Department of Sociology, Washington State University, Pullman, WA 99163

The Value Survey is an instrument designed to measure humanvalues by a rank order method. The survey has been used successfully with subjects ranging in age from 11 to 90 years and is intended primarily as a research tool. The Value Survey consists of 18 terminal values (i.e., end states of existence) and 18 instrumental values (i.e., modes of behavior). The respondent ranks each set of 18 values in order of their importance. A sample item from the first set is: "A world at peace" (free of war and conflict). A sample from the second set is: "Obedient" (dutiful, respectful). The instrument is self-administered and requires about 15 minutes for completion. Form D of the survey utilizes gummed labels on which the values are printed to facilitate the ranking process. Test-retest reliability over a time span of three to seven weeks for terminal values ranges from .51 to .88. For instrumental values the reliability coefficients range from .45 to .70. To date,the major application of the instrument has been in social psychological research by the author and other researchers. A basic reference to the Value Survey is The nature of human values, to be published by Free Press in 1973. A list of additional references may be obtained from the author. A copy of the instrument is available from the test publisher.

PERSONALITY/ADULT SINGLE TRAIT TESTS

ACHIEVEMENT MOTIVATION SCALES

Two scales to measure achievement motivation. Journal of Psychology, 1967, 66, 231-235.

Costello, Charles G., & Comrey, Andrew L., Department of Psychology, University of Calgary, Alta, Canada

The Achievement Motivation Scales are designed to provide a self-report index of motivation independent of a variety of other personality traits. Scale I consists of 10 items answered by "yes", or "no." A sample item is: "Are you inclined to take life as it comes without much planning?" Scale two consists of 14 items also in yes-no format. A sample item is: "Are you usually able to sleep even when engaged in an exciting job?" Item content of the scales suggests that Scale I measures disposition to do well when performing a task. Scale II appears to measure a need to be a success. The scales were constructed through a factor-analytic study of 100 original self-report items which resulted in two main factors. Subjects for the study included college students, nurses, psychiatrists, firemen, and theological students ranged in age from 17 to 59 years. Split-half reliability for scale I is .82 and for Scale II, .73. Additional factor analysis, reliability, and validity data are reported in the source document. Both scales are worded so that half of the items in each scale is keyed in the "no" direction and half in the "yes" direction in order to control for acquiescence response sets. Copies of the instruments are available from the author.

THE ACTIVITY PREFERENCE QUESTIONNAIRE

Manual for the activity preference questionnaire. Minneapolis, University of Minnesota, 1968.

Lykken, David D., & Katzenmeyer, C. G., Box 392, Mayo, Minneapolis, MN 55455

The Activity Preference Questionnaire (APQ) is an instrument designed to measure proneness to anxiety, anxiety reactivity, or trait anxiety. These descriptions refer to a fairly stable personality dimension which is relatively unrelated to the strong neuroticism component which runs through other measures of anxiety tests. The present instrument (1973 revision) consists of 74 forced choice items comprising a 30-item Social Anxiety Scale, a 30-item Physical Anxiety Scale, and a 14-item Validity Scale. The S and P Scales are thought to represent the two main dimensions of "trait anxiety." APQ items consist of pairs of statements, each matched for social desirability. The statement pairs differ in that one represents an onerous alternative (unpleasant, but nonfrightening), and the other represents a frightening alternative. Sample item pairs from the APQ are: "Cleaning out the basement" or "Going to a party where no one knows you"; "Walking a mile when it's 15 degrees below zero" or "Being near where a volcano erupts"; "You must scrub the kitchen floor on hands and knees" or "You must make a speech to 100 people." As a response bias check, some test items pair two onerous or two anxiety statements together which are of differing levels of unpleasantness. Items of this sort constitute the APQ validity subscales. Subjects are instructed to decide which of the two situations depicted would be least unpleasant and circle that alternative. Consistent endorsement of the onerous alternative as the least unpleasant constitutes a high anxiety reactivity score. The APQ was developed from an initial pool of 360 alternatives describing unpleasant experiences. These alternatives were subsequently scaled by 436 male and 348 female subjects who sorted the alternatives along a 10-point scale of unpleasantness. These alternatives were subjected to an extensive factor analysis which resulted in 22 factors involving frightening alternatives. The onerous alternatives used in the APQ were selected from items with strong loadings on these 11 onerous factors. The 22 frightening factors were clustered into three anxiety dimensions: "Physical"; "Social"; and "Ego threat." The test and an accompanying manual are scheduled for publication in 1973.

BARRATT IMPULSIVENESS SCALE

Anxiety and impulsiveness: Toward a neuropsychological model. In Speilberger, C. D., Anxiety: Current trends in theory and research. New York: Academic Press, in press.

Barratt, Ernest S., Behavioral Science Laboratory, Department of Neurology and Psychiatry, University of Texas Medical Branch, Galveston, TX 77550

The Barratt Impulsiveness Scale (BIS) is an instrument designed to measure "impulsiveness." This scale is intended for use by adults in conjunction with Spielberger's Trait-State Anxiety Scales and is intended primarily for research. The two latest revisions of this instrument are the BIS-6 and BIS-7. BIS-6 is composed of six subsets of impulsiveness items, identified by item analysis. Items from the original version, BIS-5, comprise a seventh score. The six subsets are 1) Motor control; 2) Intraindividual variablility; 3) Impulsive interests; 4) Risk taking; 5) Impulsive interpersonal relationships; and 6) Cognitive impulse control. Two sample items are: "I like to read"; "I shout at people." The former illustrates the type of item keyed for "I like" scores, and the latter for "I am" scores. The BIS contains 48 items, each of which requires the selection of a response from a 4-point scale, from "rarely" or "never" to "usually." The instrument is self-administered and takes approximately 5 to 10 minutes to complete. The The BIS is scored with a template. Reliability and construct validity data as well as reports of factor analyses appear in the source document. To date, the major applications of the instrument have been in research. See also: Barratt, E. S. Psychophysiological correlates of classical differential eyelid conditioning among subjects selected on the basis of impulsiveness and anxiety. Biological Psychiatry, 1971, 3, 339-346. A copy of the BIS is available from the author.

COMSTOCK IMPULSIVITY SCALE

Houston, Baylor College of Medicine, 1971.

Comstock, Betsy S., Department of Psychiatry, Baylor College of Medicine, Texas Medical Center, Houston, TX 77025

The Comstock Impulsivity Scale (CIS) is an instrument designed to measure the personality variable of impulsivity. The instrument measures impulsivity in terms of: a) Number of police and other disciplinary contacts: b) History of inability to maintain social commitments; c) History of emotional instability. The instrument consists of 15 items. Sample items from the Impulsivity Scale are: "Number of times legally married," 0) 1, 1) 2, 2) 3, or more: "Incidence of common law relationships", 0) none, 1) 1, 2) 2 or more: "Incidence of school disciplinary action", 0) never, 1) occasionally, 2) frequently; "Number of times in jail" 0) none, 1) 1, 2) 2 or more; "Frequency of drug use", 0) none, 1) occasional, 2) often; "Past history of any running away", 0) none, 1) occasional, 2) often. High scores represent high impulsivity and low scores, low impulsivity. The CIS requires 5 to 10 minutes for completion, is self-administering, and is easily hand scored. The instrument was developed as part of a study investigating the relationship between various personality variables (such as depression and impulsivity) and the incidence of attempted suicide in subjects. Further information, including data regarding the scale's validity and reliability, and a copy of the scale may be obtained from the author.

CONFORMITY SCALE

Characteristics of volunteer subjects under three recruiting methods: Pay, extra-credit, and love of science. Journal of Consulting and Clinical Psychology, 1972, 39(2), 222-234.

MacDonald, Alfred P., The Frank Porter Graham Child Development Research Center, University of North Carolina, Chapel Hill, NC 27514

The Conformity Scale was developed to provide a pencil and paper Asch-type conformity scale controlled for acquiescence response set by including an equal number of items scored "true" and "false." The scale was developed by combining 22 items previously found to distinguish between "yielders" and "nonyielders" in an Asch-type experiment (Barron, R. Some personality correlates of independence of judgment. Journal of Personality, 1953, 21, 287-297). This study employed 23 items similar to those used in a previous investigation. (Crutchfield, R. S. Conformity and character. American Psychologist, 1955, 10, 191-198). Items were selected on the basis of high internal consistency coefficients and appropriateness of key so as to produce the present 20-item Conformity Scale consisting of 10 "true" and 10 "false" responses. Sample items from the scale are: "Some of my friends think that my ideas are impractical if not a bit wild"; "It is easy for me to take orders and do what I am told"; "Perfect balance is the essence of all good composition." The Conformity Scale is presented as an "opinion survey" and subjects are asked to express their opinions regarding the items by checking either "T" or "F." The scale is self-administering, requires 10 to 20 minutes for completion and is easily hand scored. The Conformity Scale was administered to a sample of 586 undergraduate psychology students along with the scale by Barron from which the present instrument was developed. The reliability coefficients for the two scales were .60 and .59 respectively. Conformity, as measured by the present scale, was found to be significantly related to frequency of church attendance and negatively related to external locus of control as measured by Rotter's IE Scale (Rotter, J. B. Generalized expectancies for internal versus external locus of control of reinforcement. Psychological Monographs, 1966, 80:609. Further information and a copy of the scale may be obtained from the author.

COSTELLO-COMREY ANXIETY SCALE

Scales for measuring depression and anxiety. The Journal of Psychology, 1967, 66, 303-313.

Costello, Charles G., & Comrey, Andrew L., Department of Psychology, University of Calgary, Alta, Canada 0006

The Costello-Comrey Anxiety Scale (a title supplied by the abstractor) is an instrument designed to measure a predisposition to develop anxious-affective states. The instrument appears not to be influenced by age and may be reliably used with both sexes of ages 18 to 55 years. It is intended for use in personality research and clinical diagnosis. The Anxiety Scale contains nine items which are answered by choosing from 9-scaled responses ranging from "always" (9) to "never" (1) or from "absolutely" (9) to "absolutely not" (1). A sample item is: "I get rattled easily." The instrument was developed through previous studies conducted independently by the two authors and through joint factor analytic research. The instrument is taken from a larger inventory of approximately 36 items which contains, in addition to the Anxiety Scale, a Depression Scale, items from Comrey's Truth Scale and his Social Desirability Scale. (Comrey, A. L. A study of 35 personality dimensions. Educational and Psychological Measurement, 1962, 22, 543-552). The instrument is self-administered and is scored by taking the mean score across all nine items. Data on the instrument's reliability, validity, factor analytic development, and item analysis are available in the source document. The instrument is reported to measure a dimension that is more independent and less highly correlated with social desirability than is the Taylor Manifest Anxiety Scale. A copy of the instrument is available from the first author. A Depression Scale is presented by the authors in the same source document.

COSTELLO-COMREY DEPRESSION SCALE

Scales for measuring depression and anxiety. The Journal of Psychology, 1967, 66, 303-313.

Costello, Charles G., & Comrey, Andrew L., Department of Psychology, University of Calgary, Alta, Canada 0006

The Costello-Comrey Depression Scale (a title supplied by the abstractor) is an instrument designed to measure a person's tendency to experience a depressive mood. The instrument is not influenced by age and may be reliably used with male and female subjects ages 18 to 55 years. It is intended for use in personality research and clinical diagnosis. The Depression Scale contains 14 items which are answered by choosing from nine scaled responses ranging from "always" (9) to "never" (1) or "absolutely" (9) to "absolutely not" (1). A sample item is: "When I get up in the morning I expect to have an interesting day." The instrument was developed through previous studies by the two authors done independently and through joint factor analytic studies. The instrument is part of a larger inventory of approximately 36 items comprising scales for depression, anxiety, items from Comrey's Truth Scale and Social Desirability Scale (Comrey, A. L. A study of 35 personality dimensions. Educational and Psychological Measurement, 1962, 22, 543-552). The instrument is self-administered and is scored by taking a mean score across all items. Data on the instrument's reliability, validity, factor analytic development, and item analysis are available in the source document. The instrument is reported to measure a dimension that is more independent and less highly correlated with social desirability failure than is the MMPI Depression Scale. The authors note that the new Depression Scale is not intended as a substitute for such scales as Hamilton's Rating Scale for Depression and Beck's Inventory for Depression which are designed to measure depressive states by means of symptom ratings. A copy of the instrument is available from the first author. An anxiety scale is presented by the authors in the same source document.

EXPERIENCE INVENTORY

The measurement of subjective experiences presumably related to hypnotic susceptibility. Scandinavian Journal of Psychology, 1962, 3, 47-64.

Ås, Arvid, O'Hara, J. W., & Munger, M. P., no address for the first author

The Experience Inventory (EI) is designed to relate hypnotic susceptibility to certain waking experiences. The EI comprises 60 questions in nine subscale categories. There are three possible responses for each of the questions: "yes," "no," and "?." The categories of items are: "Altered state"; "Tolerance for logical inconsistencies"; "Role-taking"; "Dissociation"; "Willingness to relinquish ego control"; "Tolerance for regressive experiences"; "Constructive use of regression"; "Peak experiences"; and "Basic trust." A sample item is: "Have you ever carried on real conversations with another person while you were asleep?" The inventory is of the pencil and paper type, designed for group administration. Response sets are not well controlled, and some of the effectiveness in predicting hypnotic susceptibility may be associated with a "yea-saying" tendency. A copy of the instrument may be obtained by writing to E. R. Hilgard, Department of Psychology, Stanford University, Stanford, CA 94305.

EXPERIENCE INVENTORY

Tucson, University of Arizona, 1972.

Coan, Richard W., Department of Psychology, University of Arizona, Tucson, AZ 85721

The Experience Inventory is designed to assess the openness of the subject to various kinds of experience. The original inventory contained 114 true-false items which explored a wide variety of associations, memories, ideas, impulses, feeling states, fantasies and dream phenomena. Factor analysis yielded 16 obliquely rotated factors, moderately intercorrelated but with no strong general factor of openness. These factors were used to form a revised version containing 83 true-false items measuring the following scales: 1) Aesthetic sensitivity versus insensitivity; 2) Unusual perceptions and associations; 3) Theoretical or hypothetical ideas; 4) Constructive utilization of fantasy and dreams; 5) Openness to unconventional views of reality versus adherence to mundane material reality; 6) Indulgence in fantasy versus avoidance of fantasy; 7) Deliberate and systematic thought. Some sample inventory items are: "Sometimes when I am reading poetry or looking at a work of art, I feel a strong wave of excitement that seems to affect my whole body"; "I prefer not to waste my time daydreaming"; "I don't feel really comfortable with a topic until I can fit all of its aspects together into some kind of pattern." The items are keyed so that a high score on a particular scale represents greater openness with respect to that mode of experience. The inventory has been mainly used with college students but may be used in other settings with subjects of normal education and intelligence. More information and a copy of the instrument are available from the author.

THE FIGURE PREFERENCE TEST

Explorations in nonconformity, Journal of Social Psychology, 1967, 71, 13-150

Smith, Robert J., Department of the Army, Headquarters, Berlin Brigade, Army Education Center, APO U. S. Forces 09742

The Figure Preference Test (FPT) is an instrument designed to measure a person's predisposition to conform with the majority or normative opinion. The figure items comprising the scale consist of simple geometric designs taken from the revised Minnesota Paper Form Board, Series AA, and the Berg-Hunt Perceptual Reaction Time Test. Each of the 16 items comprising the FPT consist of two paired geometric figures which have been prematched on intrinsic appeal or preference, so that only figures chosen with equal frequency in a pretest administration of the FPT comprise test pairs. Both figures in each pair are designated by the symbols "PM," "PS," and "PL," which denote "prefer moderately," "prefer somewhat," "prefer a little." The subject is instructed to indicate a preference for each of the symbols. The pressure to conform is introduced by telling subjects that the results of a (hypothetical) pretest on preferences for figures show that large percentages of persons prefer one of the two figures of each pair. Subjects are also told that the percent of persons' preference for a particular figure is recorded above the figure of the pair for which the preference was expressed. Also, the relative prestige of the individuals represented as preferring particular figures is varied so as to optimize the pressure to conform. Thus eastern college students are instructed that preferences recorded above items represent the majority of opinions of students at "major Eastern universities." Subjects' responses to the FPT correlated significantly at the P.01 level with the author's Nonconformity Scale and other independent measures of conformity. Further information and a copy of the scale may be obtained from the author.

THE FORCED-CHOICE ANXIETY SCALE

A forced choice form of the Taylor anxiety scale. Journal of Consulting Psychology, 1953, 17(6), 447-454.

Heineman, Charles E., 3768 Ferndale Drive, Fort Wayne, IN 46805

The Forced-Choice Anxiety Scale was developed in an attempt to eliminate social desirability response bias believed to be contributing to the variance of anxiety scores obtained by means of the Taylor Anxiety Scale. The present scale consists of a forced choice task involving triads of statements of controlled social desirability. Each forced choice block consists of an anxiety statement of determined social desirability, a nonanxiety statement of equal social desirability, and a secondnonanxiety statement of equal social desirability from the matched statements. The scale consists of 100 triads. Fifty of the anxiety items used in the forced choice triads are those which constitute the Taylor Anxiety Scale; the other 50 anxiety items used are MMPI items found to correlate .41 with the Taylor Scale. A sample triad from the forced choice scale is: "I have strong political opinions"; "I sometimes tease animals"; "I am a high strung person." Subjects are asked to select the statement that most applies to them and the statement that least applies to them. The scale is self-administering and requires about 30 minutes for completion. Scoring is by hand and requires one minute per test. Internal consistence coefficients ranging from .69 to .82 have been observed for the scale. The positive skewness observed in the distribution of Taylor Anxiety Scale scores was corrected when the forced choice scale was used. However, because statements matched on social desirability were found not to be truly equal in social desirability when put into forced choice form, the influence of social desirability was drastically reduced but not completely eliminated.

THE "f" SCALE

Technique without mystique: A study of authoritarianism in engineering students. Educational and Psychological Measurement, 1968, 28, 1181-1188.

Athanasiou, Robert, 1035 Kenilworth Drive, Towsor, MD 21204

The f Scale (distinct from the California F scale) is an instrument designed to measure authoritarianism. It is intended for use with normal subjects and in the source document was applied to differentiate engineering students who had transferred out of engineering. The f scale contains a selection of 14 positively worded items and 14 negatively worded items taken from a larger set available from the ADI Auxiliary Publications project. A sample positively worded item is: "What a youth needs most is strict discipline, rugged determination, and the will to work and fight for family and country." A sample negatively worded item is: "What a youth needs most is the flexibility to work and fight for what he considers right personally even though it might not be best for his family and country." The items were selected on the basis of internal consistency using a sample of Peace Corps volunteers and double cross-validated on the engineering student sample. The instrument is self-administering; no completion time is specified. Each subject rates each item on a 6-point scale with "1" representing "strongly disagree" and "6" representing "strongly agree." Test-retest reliability based on 19 subjects is .86; the sum of the responses on the 14 positively worded items correlated - .18 and .31 with the sum of the responses on the 14 negatively worded items for 100 subjects and 300 subjects, respectively. The f scale items are reproduced in the source document.

THE GROUP SELF-DISCLOSURE QUESTIONNAIRE

Los Angeles, Psychological Service Associates, 1964.

Greening, Thomas C., Psychological Service Associates, 1314 Westwood Boulevard, Los Angeles, CA 90024

The Group Self-Disclosure Questionnaire is an instrument designed to measure the variable of interpersonal trust or self-disclosure. The instrument relies heavily upon the Jourard Self-Disclosure Scale (Jourard, S. M. *The transparent self.* Van Nostrand: Princeton, 1964), differing with respect to the targets of disclosure. The Jourard scale specifies individuals as targets of the self-disclosure. The purpose of the present scale is to measure the degree of self-disclosure to a group of close friends as well as to individuals. The subject is instructed to read each test item and indicate the extent to which he has talked about that topic to others in terms of the following rating system: "0" for "I have told that person or group nothing about this aspect of me"; "1" for "I have talked in general terms about this item, so that the person or group has only a general idea about this aspect of me"; "2" for "I have talked in full and complete detail about this item, so that the person or group knows me fully in this respect." Sample items from the scale are: "What I think and feel about religion"; "My personal religious views"; "My views on communism"; "My personal views on drinking." There are 60 items reflecting such areas of disclosure as personal attitudes regarding: "Sexual matters"; "One's work"; "Aesthetic tastes"; "Financial matters"; "Health problems"; "Political views"; "Religious beliefs" etc. The instrument has relevant application to the measurement of interaction and openness before and after exposure to therapy groups, sensitivity training, and similar group processes. Further information, normative data, and a copy of the instrument may be obtained from the author.

HYPNOTIC CHARACTERISTICS INVENTORY

Trance-susceptibility, induction-susceptibility, and acquiescence as factors in hypnotic performance. *Journal of Abnormal Psychology*, 1965, 70, 383-389.

Lee-Teng, Evelyn, Department of Neurology, Southern California School of Medicine, Box 1909, 1200 North State Street, Los Angeles, CA 90033

The Hypnotic Characteristics Inventory is an instrument designed to measure characteristics of hypnotic susceptibility. The test comprises 30 items from the As Experience Inventory and 30 items developed by the author, Lee-Teng. All items are answered by "yes," "no," or "?." A sample item from the Experience Inventory (EI) is: "Have you ever actively stared at something and had it slowly (or suddenly) become very strange before your eyes?" The 30 items developed by Lee-Teng along with the 30 EI items are divided into five subscales: "Conformity"; "Trancelike experiences"; "Role-playing"; "Impulsivity"; and "Concentration-absorption." A sample item is: "Have either or both of your parents contributed to instilling a lot of rationality in you?" The inventory is of pencil and paper type, designed for group administration; response sets are not very well-controlled, and some of the effectiveness in predicting hypnotic susceptibility may be associated with a "yea-saying" tendency. The instrument is reproduced in the Hawthorne House Research Memorandum, Number 88. For more information write E. R. Hilgard, Department of Psychology, Stanford University, Stanford, CA 94305.

THE INTELLECTUALISM-PRAGMATISM SCALE

Hempstead, New York, Hofstra University, 1964.

Yuker, Harold E., & Block, J. R., Center for the Study of Higher Education, Hofstra University, Hempstead, NY 11550

The Intellectualism-Pragmatism (I-P) Scale was designed to measure attitudes of college students on a continuum ranging from "extremely intellectual" to "extremely pragmatic." It is a 30-item Likert scale to which a person responds by indicating the extent of agreement or disagreement with each item, e.g., "People who read a lot are often dull and uninteresting." There are six response categories, three positive and three negative. The instrument was developed in the 1950's in a study designed to measure differences among different categories of college students such as males and females, freshmen and seniors, business majors and liberal arts majors, good students and poor students, etc. The test can be administered like any attitude scale. It is untimed and takes about 15 minutes to complete. Since half of the items are negatively worded to control for response bias, their signs must be changed to score them. The scoring is simple and can be done either by hand or by machine. In the past 10 years the scale has been administered to over 3,500 college students in a number of research studies. Norms are not available since local norms are considered to be more pertinent than national norms with this test. The split-half and test-retest reliabilities of the I-P Scale average about .85. Construct validation indicated that there were differences at the .01 level between students majoring in different areas, and between freshmen and seniors. The scale has been found to correlate .56 with college grade point average and .34 with verbal SAT scores. The published literature dealing with the scale consists of a paper by H. E. Yuker and J. R. Block in the 1965 APA Proceedings, and a lengthy mimeographed paper by H. E. Yuker and J. R. Block, 1965. These papers and a copy of the instrument are available from the first author.

INTERNAL-EXTERNAL SCALE

Generalized expectancies for internal versus external control of reinforcement. Psychological Monographs, 1966, 80 (1, whole No. 609).

Rotter, Julian B., Department of Psychology, University of Connecticut, Storrs, CT 06268

The Internal-External (I-E) Scale is designed to determine the degree to which the respondent expects that reward reinforcement is dependent or independent of his own behavior. This is accomplished by examining whether the individual believes control over reinforcement to be internally or externally located. The scale consists of 29 forced choice items, each item presenting two conflicting statements from which the subject can choose. Some sample items are: "In the long run people get the respect they deserve in this world" versus "Unfortunately, an individual's worth often passes unrecognized no matter how hard he tries"; "No matter how hard you try some people just don't like you" versus "People who can't get others to like them don't understand how to get along with others"; "The average citizen can have an influence in government decisions" versus "This world is run by the few people in power, and there is not much the little guy can do about it." The scale is scored by counting the total number of external choices selected. A high score indicates an expectancy of external control, and a low score an expectancy of internal control. Relevant material concerning the scale's validity and reliability may be found in the source document. Tolor, A., & Jalowiec, J. E. Body, boundary, parental attitudes, and internal-external expectancy. Journal of Consulting and Clinical Psychology, 1968, 32, 206-209, found a relationship between parental authoritarian control and rejection factors and external expectancy. The scale was also used in Tolor, A., Brannigan, G. G., & Murphy, V. M. Psychological distance, future time perspective, and internal-external expectancy. Journal of Projective Techniques and Personality Assessment, 1970, 34, 283-294. A copy of the instrument is available from Dr. Alexander Tolor, Director, Institute for Human Development, Fairfield University, Fairfield, CT 06430.

INVENTORY SCALE OF HYPNOTIC DEPTH

An inventory scale of hypnotic depth. International Journal of Clinical and Experimental Hypnosis, 1965, 13(4), 238-249.

Field, Peter B., Psychology Service, Veterans Administration Hospital, Brooklyn, NY 11209

The Inventory Scale of Hypnotic Depth, a title supplied by the abstractor, consists of 38 items describing subjective experiences during hypnosis. The bulk of the items deal with absorption and unawareness, automaticity and compulsion, and discontinuity from normal experience; other items deal with miscellaneous content. A sample item is: "Time stood still." Subjects are instructed to answer each item "true" or "false." Items for this test were selected following administration of an inventory of 300 items to 102 students after they had wakened from hypnosis. The 38 items that correlated best with the Harvard Group Scale of Hypnotic Susceptibility (Form A) were retained. The odd-even reliability of the scale, as corrected by the Spearman-Brown prophecy formula, was found to be .92 while test-retest reliability was .87. The correlation between the Inventory Scale of Hypnotic Depth and agreement response set was .02. A factor analysis yielded a general factor of hypnotic depth as the first unrotated factor. Following various rotations, the factors were named: "Unawareness"; "Drowsiness"; "Enthusiasm"; and "Subjective conviction" (Field, P. B., & Palmer, R. D. Factor analysis: Hypnosis inventory. International Journal of Clinical and Experimental Hypnosis, 1969, 17(1), 50-61. A copy of the instrument is available in the source document.

THE MIRELS-GARRETT PROTESTANT ETHIC SCALE

The Protestant Ethic as a Personality Variable. Journal of Consulting and Clinical Psychology, 1971, 36, 40-44.

Mirels, Herbert L., & Garrett, J. B., Department of Psychology, Ohio State University, 1945 North High Street, Columbus, OH 43210

The Mirels-Garrett Protestant Ethic Scale is an instrument designed to measure the "Protestant Ethic" as a dispositional variable. The scale consists of 19 items designed to reflect endorsement of Protestant Ethic ideology. Sample items from the scale are: "Money acquired easily (e.g., through gambling or speculation) is usually spent unwisely"; "If one works hard enough, he is likely to make a good life for himself"; "A distaste for hard work usually reflects a weakness of character"; "People who fail at a job have usually not tried hard enough." Subject rate each item in terms of a 6-point scale ranging from "-3" (I strongly disagree) to "+3" (I agree strongly), with "0" excluded. The test is self-administering, requires about 10 to 20 minutes for completion, and is easily hand scored. Scores on the Protestant Ethic Scale have been found (in a sample consisting of males only) to be positively related to the Mosher scales for sex guilt, to measures of authoritarianism, and to internal locus of control. It was similarly found that Protestant Ethic scores were positively correlated with Strong Vocational Interest scales for occupations demanding concrete, pragmatic work, and negatively correlated with scales for occupations with typically emotional or humanistic aspects. The reliability of the Protestant Ethic Scale is estimated to be .79. An experimental application of the scale may be found in MacDonald, A. P. More on the protestant ethic. Journal of Consulting and Clinical Psychology, 1972, 39, 116-122. Further information and a copy of the scale may be obtained from the first author.

THE NEIGHBORING SCALE
Urbanism and neighboring. Sociological Quarterly, 16, 379-385.

Key, William H., University of Denver, Department of Sociology, University Park, Denver, CO 80210

The Neighboring Scale is an instrument designed to measure the extent to which respondents interact with their neighbors. The instrument was developed as part of a study aimed at investigating the longitudinal impact of disaster (specifically the 1966 Topeka tornado) on family functioning. A number of scales were devised in order to measure family and neighbor interaction and cohesiveness. These scales were administered on two separate occasions to families having experienced the Topeka disaster for the purpose of measuring the quality of familial and extrafamilial interaction during the disaster, as well as changes thereof over time as a result of having experienced the disaster. The present scale consists of five items directed specifically to women respondents. Sample items from the Neighboring Scale are: "Are there any neighbors with whom you spend some time regularly?"; "Do you and any of the other women help one another with meals and housework?"; "Do you and any of the other women help one another by caring for the children?" "Yes" or "No" response options are provided for all but one item, for which the respondent is asked to select from "quite a few," "very few," or "none." Depending upon the responses checked by respondents, subjects are placed into one of seven neighbor types, with type one representing those who interact maximally with neighbors interaction. A .90 coefficient of reproducibility was obtained for the scale. Analysis of study results is currently under way. Further information and a copy of the scale may be obtained from the author.

THE NONCONFORMITY SCALE
Explorations in nonconformity. Journal of Social Psychology, 1967, 71, 133-150.

Smith, Robert J., Department of the Army, Headquarters, Berlin Brigade, Army Education Center, APO U. S. Forces 09742

The Nonconformity Scale (NCS) is an instrument designed to distinguish among persons who may be differentially labeled conformists, nonconformists, and independents (i.e., those who show neither of the above tendencies). The scale is constructed as a 28-item attitude scale composed of items describing attitudes pertaining to a variety of personal, social, and ethical issues. Test items were taken from existing attitude scales measuring conformity. Item selection was made on the basis of independent ratings by 10 psychologists who determined the particular orientation (conformity, nonconformity, or independence) reflected by the item. Only items obtaining agreement indices of 77 percent or better were retained. Sample items measuring the three tendencies are: (Conformity) 1) "A group in which people disagree will be an ineffective group"; 2) "I prefer team games to games in which one individual competes with another"; 3) "To get along well in a group you must get along with the other people"; (Nonconformity); 1) "The only way to show that you are an individual today is to perform the unusual or unacceptable"; 2) "Most laws today are so insulting to a person that they deserve to be broken"; (Independence) 1) "Science must have as much to say about moral values as religion does"; 2) "The unfinished and the imperfect sometimes have greater appeal for me than the completed and polished." Subjects are asked to rate each statement in terms of a bar graph which depicts "100 percent or complete agreement" on one end, and "100 percent or complete disagreement" at the other end. The bar graph is further broken down into 75, 50, and 25 percent disagreement. The midpoint of the graph is represented as "0" or "neutral." Conformity is measured by differing degrees of agreement or disagreement with particular items. The conformist is identified by a particular pattern of agree/disagree responses to particular statements, the nonconformist by the exact opposite pattern of responses, and the independent is identified by the fact that he agrees in opinion (response choice) with the conformist and nonconformist an equal number of times. Percentages are transformed into score values ranging from "1" to "9." Thus, for an item on which complete agreement represented extreme conformity, the subject disagreeing 100 percent would receive a score of "1." Internal consistency of the instrument has been estimated to be .80. Further information and a copy of the scale may be obtained from the author.

THE NOWICKI-STRICKLAND ADULT LOCUS OF CONTROL SCALE
A locus of control scale for adults: An alternative to the Rotter. Atlanta, Emory University, 1972.

Nowicki, Stephen, & Duke, Marshall P., Department of Psychology, Emory University, Atlanta, GA 30322

The Nowicki-Strickland Adult Locus of Control Scale is an instrument intended to measure external versus internal locus of control. These terms refer to the tendency to perceive oneself as incapable of controlling one's fate (i.e., seeing causes as external) and the tendency to perceive oneself as a causal agent (i.e., seeing causes as internal). Several scales have been devised to measure their orientations. The present instrument was developed to provide a locus of control measure which is in language appropriate for subcollege adults, does not confound personal and ideological causation, is not related to social desirability, and may, with slight alteration, be used with younger age groups. The present adult scale was derived from a similar locus of control scale developed by the authors for child populations (Nowicki, S., Bonner, J., & Feather, B. Effects of locus of control and differential analog interview procedures on the perceived therapeutic relationship. Journal of Consulting and Clinical Psychology, 1972, 38(3), 434-438. The Adult Locus of Control Scale consists of 40 items requiring "yes" or "no" answers. Item content was adapted from the children's scale, with certain modifications in wording (i.e., changing the word "children" to "people," and changing the tense of some statements from present to past). Sample items from the Adult Locus of

Control Scale are: "Are some people just born lucky?"; "Do you feel that when you do something wrong, there is little you can do to make it right?"; "Do you believe that whether or not people like you depends on how you act?" The adult scale was administered to 156 college students and 33 adults from the general community. Split-half reliabilities for the test ranged from .74 to .96. Six week test-retest reliability for a sample of college students was .89. The authors present substantial evidence for the discriminative and convergent validity of the instrument. Further information and a copy of the scale may be obtained from the author.

OPTIMISM-PESSIMISM TEST
Philadelphia, Philadelphia General Hospital, 1971.

Beck, Aaron T., Room 429, Stouffer Building, Philadelphia General Hospital, 34th and Civic Center Boulevard, Philadelphia, PA 19104

The Optimism-Pessimism Test is a self-administered questionnaire consisting of 20 items, half of which test optimism and half pessimism. Some sample items are: "It is very unlikely that I will get any real satisfaction in the future"; "When I wake up in the morning, I look forward to the coming day"; "When I look ahead to the future, I expect I will be happier than I am now." To each of these items the subject chooses one of the following responses, "agree completely (+3)," "agree moderately (+2)," "agree slightly (+1)," "neither agree nor disagree (0)," "disagree slightly (-1)," "disagree moderately (-2)," "disagree completely (-3)." The optimism and the pessimism items are scored separately. A positive score in either category indicates personality tendencies in that direction. To obtain a total score, the optimism score is subtracted from the pessimism score, with a positive result indicating pessimism and a negative result indicating optimism. The author has begun validating the test, checking its test-retest reliability and comparing the results with those of an optimism-pessimism-oriented projective test. A 20-item true-false version of the test, the G.E.S., also has been developed. An item is scored zero (0) if the answer is optimistic and one if it is pessimistic. A copy of the test and more information may be obtained from the author.

PSYCHOLOGICAL DIFFERENTIATION INVENTORY
Philadelphia, University of Pennsylvania, 1967.

Evans, Frederick I., Unit for Experimental Psychiatry, 11 North 49th Street, Philadelphia, PA 19139

The Psychological Differentiation Inventory (PDI) is a questionnaire measure of field dependence as described in a paper read at the the Eastern Psychological Association, 1969. It was empirically developed to correlate maximally with the Embedded Figures Test. The instrument is designed primarily for use with male and female college and university students. The PDI consists of 50 items, 45 of which enter into the scoring of five subscales. The subject responds to each item on an ordered 4-point scale. The number of items scored varies from scale to scale. A sample item is: "Are you suggestible?" The five subscales are: "Embeddedness" ; "Ego functioning" ; "Social awareness" ; "Controls and defenses" ; and "Body image." The total PDI score is obtained by summing scores on the five subscales. The instrument is self-administered. Normative data, Kuder-Richardson, and test-retest reliability data, and a factor analysis are reported in the EPA paper. Validity data relating the PDI to the Embedded Figures Test are also reported in the same source. Copies of the instrument and the paper are available from the author.

THE REPRESSION-SENSITIZATION SCALE
Austin, University of Texas, 1960.

Byrne, Donn, Department of Psychological Sciences, Purdue University, Lafayette, IN 47907

The Repression-Sensitization Scale is an instrument designed to measure defensive behavior. The questionnaire (labeled the Health and Opinion Survey) comprises 182 items of the six original MMPI scales. Following an internal consistency item analysis (Byrne, D., Barry, J., & Nelson, D. Relation of the revised repression-sensitization scale to measures of self-description. *Psychological Reports*, 1963, 13, 323-334) a revised scoring key was made consisting of 127 cross-validated items. Thus, the revised scale consists of 127 scorable and 55 buffer items (instead of the original 146 scorable and 26 buffer items). A sample of a scorable item is: "My hands and feet are usually warm enough." The Repression-Sensitization scoring system eliminates the problem of item overlap among the MMPI scales by scoring each item only once; in addition, all inconsistently scored items are eliminated. The instrument is a true-false self-administering test; completion time averages 30 to 45 minutes. One point is assigned for each item answered in the sensitization direction. Thus, high scores indicate sensitization and low scores, repression. Reliability, validity, and normative data are available in the source document. Background information is provided in: Byrne, D. Repression-sensitization as a dimension of personality. In B. A. Maher (Ed.), *Progress in Experimental Personality Research*. Vol. 1. New York: Academic Press, 1964. Copies of the instrument are available from the author.

SCALES OF ALIENATED ATTITUDE
Edmonton, Alberta, University of Alberta, 1964.

Nettler, Gwynn, Department of Sociology, University of Alberta, Edmonton 7, Alberta, Canada

The Scales of Alienated Attitude are designed to assess estrangement from some of the principal values of American culture. As defined by the author, alienation is seen as characteristic of an individual who has been estranged from and made unfriendly toward his society and the culture it carries. The instrument consists of four subscales: "Opposition to mass culture (four items); "Antifamilism" (four items); "Antireligiosity" (three items); and "Antipoliticalism" (four items). The subscale scores may be combined to yield a "scale-of-scale score" useful for group ordering purposes. The author stresses that these measures are not to be used for individual assessment. Subjects are presented the items in the context of "some other purpose" as a study of opinions and are instructed to answer each item on 3, 4, or 5-point scales. A sample item is: "Are you interested in having children? (Or would you be at the right age?) 1) yes, certainly; 2) yes, probably; 3) I'm not certain; 4) no, probably not; 5) no, certainly not." Response scores are simply summed. The higher the score, the more alienated the respondent. In developing the instrument, models of persons characterized by this alienated attitude were sought in the literature. Paradigmatic expressions of alienation were then typed on cards and presented to the author's colleagues and acquaintances who were asked if they knew any people to whom the descriptions applied. Interviews were arranged with 37 "known aliens." Questions were designed to determine whether among these different individuals there was a common set of attitudes towards society and its members. For 265 Canadian subjects, subscale reproducibility coefficients range from .87 to .94. The reported scale-of-scale reproducibility coefficient is .866. A copy of the instrument is available from the author.

THE SEEKING OF NOETIC GOALS TEST
Gulfport, MS, Veterans Administration Hospital, 1971.

Crumbaugh, James C., Veterans Administration Center, Biloxi, MS 39531

The Seeking of Noetic Goals Test (SONG) was designed to add to the Purpose in Life Test (PIL), authored by Crumbaugh and Maholick, the dimension of motivation to find the meaning in life. The PIL test is an attitude scale designed to measure Frankl's basic concept, "existential vacuum." According to the author, the SONG correlates negatively with the PIL, from -.35 to -.50. The SONG consists of 20 objective questions, each using the answer scale, 1) never, 2) rarely, 3) occasionally, 4) sometimes, 5) often, 6) very often, 7) constantly. Sample items are: "I think about the ultimate meaning of life"; "I am restless"; "I hope for something exciting in the future"; "I feel myself in need of a new lease on life"; "Over my lifetime I have felt a strong urge to find myself"; "I have sensed the lack of a worthwhile job to do in life." Some developmental data on the SONG have been collected by the author, but they have not been published as of this date. More information and a copy of the instrument are available from the author.

SELF-DEPRIVATION QUESTIONNAIRE
North Carolina State University, 1969.

Leventhal, Gerald S., Department of Psychology, College of Liberal Arts, Wayne State University, Detroit, MI 48202

The Self-Deprivation Questionnaire (SDQ) is an instrument designed to measure an individual's self-depriving behavior when underrewarded as a member of a dyad. The instrument is intended for use with a normal, subjective population, and is designed primarily for assessing behavior during an exchange relationship task. The SDQ contains a section for increasing or decreasing monetary rewards after working on a cooperative task; 10 items on authority and morality which are rated on a 7-point scale, ranging from "strongly agree" to "strongly disagree"; seven items concerning the respondent's feelings toward his partner which are rated on a 7-point scale; and 23 items concerning the respondent's feelings toward the task and the rewards. The SDQ is self-administering and requires approximately 10 minutes to complete. To date, the major application of the instrument has been in a research project with 133 male college students. Data from this study are available in Leventhal, G. S., & Bergman, J. T. Self-depriving behavior as a response to unprofitable inequity. Journal of Experimental Social Psychology, 1969, 5(2), 133-171. A copy of the instrument is available from the author.

SELF-DISCLOSURE QUESTIONNAIRE

Self-disclosure and interpersonal trust; An exploratory study. Psychological Reports, 1971, 28, 235-240.

Vondracek, Fred W., & Marshall, Marilyn J., Division of Individual and Family Studies, College of Human Development, Pennsylvania State University, University Park, PA 16802

The Self-disclosure Questionnaire (SDQ) is an instrument designed to assess the degree to which an individual will disclose his feelings, habits, and attitudes to others. The instrument is intended for use with adults and is designed primarily for research purposes. The SDQ contains 144 items, 12 in each of 12 content categories. The examinee is required to rate on a scale from "0" to "2" the number of people to whom he normally discloses the kind of information represented by each item ("0" indicates no one; "2" indicates three or more people). Sample item is: "How I feel about birth control." The instrument is self-administered and takes about 30 minutes to complete. The SDQ was developed by drawing from a pool of 671 intimacy scaled self-disclosure items developed by Taylor and Altman. The final form contains about an equal representation of low, medium, and high intimacy items in categories such as religion, dating, sex, money, and property. The SDQ is scored by summing the values of degree of endorsement of the items. Scoring takes about five minutes. To date the major application of this instrument has been in research. See also: Taylor, D. A., & Altman, I. Intimacy-scaled for use in studies of interpersonal relations. Report No. 9, Bethesda, MD, Naval Medical Research Institute, 1966. Instructions and the 144-item questionnaire have been filed with the ASIS as document NAPS-01280, or a copy may be obtained from the author.

SELF-ESTRANGEMENT SCALE

Alienation from society, self-estrangement, and personality characteristics from the MMPI in normals and schizophrenics. Amherst, MA, University of Massachusetts, 1970.

Merwin, Richard E., Psychology Service, Veterans Administration Hospital, San Francisco, CA

The Self-Estrangement Scale (SE) is an instrument designed to measure an individual's sense of self-estrangement. The instrument is intended to assess an individual's feelings of alienation toward his actions, self, past, dreams, and feelings. The SE scale consists of five statements to which the subject is asked to respond on a 4-point scale from "strong agreement," to "strong disagreement." The items are: "I often do things without knowing why"; "I very often feel like a stranger to myself"; "I remember most of what happened in my early childhood"; "My dreams seldom make sense to me"; "Often it's hard for me to make up my mind because I don't know how I really feel about anything." Approximately 10 minutes are required to complete the instrument. A total score is obtained by summing response values after reversing the score for the third item. To date, the instrument has been used to explore the self-estrangement aspect of the global alienation syndrome. Attempts have been made primarily to distinguish self and socially estranged persons on other personality indices. This scale recently has been expanded. Copies and further information are available from the author.

SELF-REPORT TEST OF IMPULSE CONTROL

The development and validation of the self-report test of impulse control. Journal of Clinical Psychology, 1969, 25(4), 434-438.

Lazzaro, Thomas A., Beggs, Donald L., & McNeil, Keith A., Veterans Administration Hospital, Irving Avenue and University Place, Syracuse, NY 13210

The Self-Report Test of Impulse Control (STIC) is an instrument designed to measure impulse life. The instrument contains 72 impulse objective questionnaire items. A sample item is: "I often do whatever makes me feel cheerful now, even at the cost of some future goal." Part of the STIC was developed through use of items representing five of Messner's impulse areas, some items were adapted from the MMPI and the CPI, and others were written by the first author. Items were rewritten for the fifth grade reading level. Items were retained that were assigned to a defined category by 75 percent of the faculty reviewers. The instrument is self-administering. Normative reliability, and validity data are available in the source document. To date, the major applications of the instrument have been with university freshmen and upperclassmen, maximum and minimum security inmates, manpower trainees, and psychiatric inmates. A copy of the instrument is available from the author.

THE SELF-REPORT TRUST SCALE

Self-disclosure and two kinds of trust. Psychological Reports, 1972, 30, 143-148.

MacDonald, Alfred P., Kessel, Vicki S., & Fuller, James R., The Frank Porter Graham Child Development Research Center, University of North Carolina, Chapel Hill, NC 27514

The Self-Report Trust Scale (SRT) is an instrument designed to measure the personality disposition of interpersonal trust, i.e., "an expectancy held by an individual or a group that the word, verbal or written, of another individual or group can be relied upon." The Self-Report Trust Scale consists of 19 Likert type items. Rotter's sociometric and self-ratings of trust served as stimuli for the generation of the items (Rotter, J. B. A new scale for the measurement of interpersonal trust. Journal of Personality, 1967, 35, 651-665). Sample items from the SRT are: "I am suspicious of other people's intentions"; "I am cynical" (pessimistic). Ratings are made in terms of four response options ranging from "strongly agree" to "strongly disagree." As a control for response bias, the order of the response options was reversed for half of the items. As an additional control, half of the items are worded in the direction of high trust (e.g., I have faith in the promises or statements of other people) and half in the direction of low trust (e.g., I feel other people are out to get as much as they can for themselves). The SRT was administered to a sample of 63 male and female students. From sample data, internal consistency as measured by Cronbach's Alpha was estimated to be .84. It was found that the SRT was not significantly related to self-disclosure, as was a separate measure of trust, the Prisoner's Dilemma (Deutsch, M. Trust, trustworthiness, and the F scale. Journal of Abnormal and Social Psychology, 1960, 61, 138-140). Further information and a copy of the SRT may be obtained from the first author.

THE SOCIAL ACCESSIBILITY SCALE

Social accessibility in three age groups. Psychological Reports, 1956, 2, 283-294.

Rickers-Ovsiankina, M. A., Womens Faculty Club, University of California, Berkeley, CA 94720

The Social Accessibility Scale (SA) is an instrument designed to measure social accessibility, a characteristic similar to self-disclosure which describes subjects' readiness to express and communicate matters of personal significance. The SA varies from other measures of self-disclosure in that it requires subjects to indicate what they "would" disclose rather than what they "have" disclosed. Also, the SA employs different "target persons" (those persons to whom information is being disclosed). The SA measures differences in disclosure when the target person is: a) A stranger, b) An acquaintance, c) A best friend. The SA consists of 50 items developed from an analysis and expansion of an earlier 25-item form of the SA. Sample items from the SA are: "Are you interested in clothes?"; "Do you sometimes put pleasure above duty?"; "What do you most frequently dream about at night?"; "Did you ever let a friend down?" Subjects are asked to indicate for each question what their reaction would be if they were asked a particular question by each of the three target persons. Subjects are asked to indicate to which of the target persons they would give a true answer on the question posed by each scale item. Subjects are provided with a "key" in which "no one," "stranger," "an acquaintance," and "your best friend" are numbered one to four respectively. Responses are made by placing the number or numbers corresponding to each target person to whom the subject would give a true answer beside each of the scale questions. Significant convergent validity coefficients were observed when the SA was compared with a separate measure of self-disclosure, the Jourard Self-Disclosure Inventory (Jourard, S. M. A study of self-disclosure. Scientific American, 1958, 158, 77-82). This validation study of the SA may be found in Pedersen, D. M. & Higbee, K. L. An evaluation of the equivalence and construct validity of various measures of self-disclosure. Educational and Psychological Measurement, 1968, 28, 511-523. Further information and a copy of the scale may be obtained from D. M. Pedersen, Psychology Department, Brigham Young University, 1230 Smith Family Living Center, Provo, UT 84601.

SOCIAL ATTITUDE QUESTIONNAIRE: F-SCALE

Riverdale, The Hebrew Home for the Aged, 1971.

Wolk, Robert L., Project Director, The Hebrew Home for the Aged, 5901 Palisade Avenue, Riverdale, NY 10471

The Social Attitude Questionnaire F-Scale (SAQ-FS) is a 28-item instrument designed to measure an individual's attitudes and values towards current social problems, mental health, politics, manners, human nature, business, science, supernatural, punishment, sex crimes, love, respect of authority, homosexuality, astrology, wars, and honor. Each item is answered by the respondent on how much agreement or support he feels towards the statement. He responds on each statement using a 6-point answering scale: "Strong support, agreement (+3)"; "Moderate support, agreement (+2)"; "Slight support, agreement (+1)"; "Slight opposition, disagreement (-1)"; "Moderate opposition, disagreement (-2)"; "Strong opposition, disagreement (-3)." Sample items include: "No sane, normal, decent person could ever think of hurting a close friend or relative"; "Obedience and respect for authority are the most important lessons children should learn"; "Most of our social problems could be solved if we could somehow get rid of immoral, crooked, and feeble-minded people." Additional information and a copy of the instrument are available from the author.

SOCIAL ATTITUDE SCALE

Measurement of broad spectrum social attitudes: Liberalism-conservatism. Perceptual and Motor Skills, 1972, 35, 463-477.

Rambo, William W., Department of Psychology, Gunerson Annex, Oklahoma State University, Stillwater, OK 74074

The Social Attitude Scale is designed to measure liberalism-conservatism. Two 44-item forms of the scale, A and L, are published in the source document. Each item is answered by choosing from among five response alternatives ranging from "strongly disagree" through "undecided" to "strongly agree." Some sample items from Form A are: "There are many people in this country who live under social conditions that would prevent even the best of men from rising"; "All property and natural resources should be owned by the Federal Government or rigidly controlled by it"; "Children should learn respect for authority and develop a willingness to function under discipline"; "Since our country is founded on a belief in God, I believe that our national leaders should have firm religious convictions." The final forms of the scale were prepared by selecting 88 items from an original pool of 123 items that discriminated best between people identified with liberal groups and people identified with conservative groups. These item-discrimination studies employed three pairs of samples, one pair member liberal and conservative. One pair consisted of white students, and the other two pairs of samples were made of black students. Factor analyses were carried out to study the factor structure of the attitude items in the three pairs of samples. More information about the method of scale development, the factor structure of the items, and the reliability and validity of the scales is contained in the source document.

SPECIFIC STRESS INDEX

The psychopathology and measurement of environmental stress. Community Mental Health Journal, 1967, 3(4), 358-372.

Michaux, William W., 501 Colleen Road, Baltimore, MD 21229

The Specific Stress Index (SSI) is an instrument designed to measure recent or current environmental stress. The SSI was used with 139 white male and female patients recently released from Spring Grove State Hospital. The instrument was designed to follow patient's adjustment in their posthospital year and to identify predictors of rehospitalization within that year. The SSI contains six areas of possible environmental stress: "Interpersonal"; Marital and sexual"; "Economic and domestic"; "Occupational"; "Social and recreational"; and "Physical health." The patient and a "significant other," such as a spouse or parent, each receive detailed inquiry about the patient's experience in these six areas and answers are indicated using "yes" or "no" responses. The instrument was developed through locating areas of stress that were clinically sensitive to environmental effects. The instrument is used in an interview format and, when first used, was administered once a month for 12 months following hospitalization. The administration of the interview requires that the interviewer be trained, but it is not necessary that he be a clinically trained professional. A "yes" or "no" response is scored on the basis of phenomenology, environment, and distress. To date, the major application of the SSI has been in research. A copy of the instrument is available from the author.

STATE-ANXIETY INVENTORY

Palo Alto, Consulting Psychologists Press, 1969.

Spielberger, C. D., Gorsuch, R. L., & Lushene, R., Department of Psychology, Florida State University, Tallahassee, FL 32306

The State-Anxiety Inventory is an instrument designed to measure anxiety along the two dimensions of state and trait. The instrument is intended for use with college students and is designed primarily for making comparisons with measures of academic achievement. The instrument consists of 20 items describing traits and 20 items describing states. The subject is asked to respond with one of the following alternatives, "not at all," "somewhat," "moderately so," "extremely so." Sample items of trait statements are: "I tire quickly"; "I feel blue"; "I shrink from facing a crisis or difficulty"; "I wish I could be as happy as others seem to be." Sample items from the state statements are: "Right now I feel calm"; "At this moment I feel happy"; "I am worried right now"; "I feel joyful at the moment." The instrument was developed as part of a program of research on anxiety. The instrument is self-administered. The best source is Sarason, I. G. Experimental approaches to test anxiety: attention and the uses of information. In C. D. Spielberger (Ed.), Anxiety: current trends in theory and research. Vol. 2. New York: Academic, 1972.

TRAIT AND STATE MEASURES OF ANXIETY

Effect of three conditions of administration on "trait" and "state" measures of anxiety. Journal of Consulting Psychology, 1970, 34(3), 355-359.

Allen, George J., Department of Psychology, University of Connecticut, Storrs, CT 06268

The Trait and State Measures of Anxiety (TSMA) is a battery of scales including the Anxiety Differential, Achievement Anxiety Test, State-Trait Anxiety Inventory, and the Test Anxiety Scale. These scales were already developed by other authors prior to being assembled for the TSMA. The author of the source document lists references relevant to the individual scales. The battery was put together to investigate the stability of trait and state measures under a) Neutral, b) Examination, and c) Role-Playing conditions. The battery is intended for use with male and female college students and is designed primarily for research in anxiety. The battery contains three rating scales and one true-false questionnaire with a total of 105 items. Samples from the four instruments are: "On a 7-space scale, the subject rates the concept 'breathing' with 'tight' and 'loose' as the extreme descriptors"; "On a 5-point scale, the subject rates the frequency of 'nervousness while taking an exam hinders me from doing well'"; "On a 4-point scale, the subject rates statements such as "'I tire quickly' for how he generally feels, and statements such as 'I feel secure at the moment' for his current feeling." The battery is self-administered. The control conditions for research on the battery consisted of the role-playing situation which indicated that the scales were fakable, and counterbalancing of the trait and state scales across conditions, which strengthened the finding that trait anxiety scores are more stable than state. To date the major application of the instrument has been in research. Further information and a copy of the instrument are available in the source document.

UNUSUAL EXPERIMENTS SCALE

Albuquerque, University of New Mexico, 1972.

Norman, Ralph D., Department of Psychology, University of New Mexico, Albuquerque, NM 87106

The Unusual Experiments Scale was designed as a research tool to investigate the willingness of subjects to volunteer for an unusual experiment. Short descriptions of six experiments designed to vary in unusualness were written and presented to 121 subjects. These experiments concerned: 1) inverted perception; 2) ESP; 3) Exposure to simultaneously conflicting sensations from various sources; 4) Effect of rate of presentation of nonsense syllables on learning; 5) The effect of memory on perception, and 6) Posthypnotic suggestion. Subjects were instructed to evaluate each experiment on a 5-point scale in terms of the degree of unusualness or excitement which they thought each would have for people who were involved as subjects of the experiment. Experiments five and six were dropped from the scale because they were not significantly different in judged unusualness for experiments three and two respectively. This left four experiments to be retained in the scale. Subjects receive a score based on their order of preference for the experiments given that they must participate in one and may not get their first choice. The highest possible score goes to a person choosing the experiments in the same order as their judged unusualness. The lowest possible score goes to a person choosing the experiments in the exact opposite order to the order of their judged unusualness. A copy of the scale is available from the author.

PERSONALITY / CHILDREN AND TEENAGERS

ADOLESCENT LEISURE TIME ACTIVITIES QUESTIONNAIRE

The prediction of adolescent leisure time activity. Final report NIMH Grant 1R03MH20389-01, October, 1972.

Wade, Serena E., Speech-Communication Department, California State University, San Jose, CA 95192

The Adolescent Leisure Time Activities Questionnaire is an instrument designed to measure teenage leisure time activity, family communication patterns, parent leisure time behavior, and demographic data. The instrument is intended for use with tenth grade students and is devised primarily to predict teenage patterns of leisure activities. The instrument consists of 130 items about subject's leisure activities, family, and subject's family and leisure time. Sample items are: "When was the last time you watched TV?"; "About how many hours did you spend watching TV during the past school week?"; "During the last week, how often did you discuss any of these things with your family or friends?" (TV, movies, magazine articles, etc.); "Do you feel you can talk freely with your parents about most subjects?" (Index of 20 items stresses idea or person orientations in intra-family communication). The instrument was developed by reference to major inquiries into media and related behavior for all age groups. The instrument is group-administered and requires approximately 30 minutes to complete. Scoring varies with the items and requires at least 30 minutes per instrument. Internal validity data is available in the source document. Response set was controlled by alternating the order of items intended to represent the two dimensions of family communication. A copy of the instrument is available in an appendix of the source document.

AFFECT CLASSIFICATION CATEGORIES AND DESCRIPTION OF CLASSIFICATION CATEGORIES

Salem, OR, Bishop Health Center, Willamette University, 1963.

Schwartz, Richard K., Counseling Services, Bishop Health Center, Willamette University, Salem, OR 97301

The Affect Classification Categories and Description of Classification Categories (ACCDCC) is an instrument designed to identify the emotional tone or affect expressed by secondary students in an interview. The instrument contains four classification categories that organize a subject's spoken statements: 1) Positive affect (P), acceptance, affection, freedom from anxiety, etc.; 2) Negative affect (N), anger, fear, shows passive rejection, dissatisfaction, etc.; 3) Ambivalent affect (A), concurrent presence of negative and positive feelings; 4) No discernible affect (O), no affect value that is identifiable. The ACCDCC is used by a rater while he is listening to an audio or videotape recording of an interview. Administration time is dependent on the length of the interview. Reliability and validity data are available in a doctoral dissertation by Antenen, W. W. Changes in topic and affect during group counseling: Its relationship to outcomes of group counseling. Unpublished doctoral dissertation, University of Illinois, 1963. A copy of this report and a copy of the instrument are available from the author.

THE CHILD BEHAVIOR SCALE: SECOND GRADE

The simple structure of social maturity at the second grade level. Educational and Psychological Measurement, 1968, 28, 145-153.

Kim, Y., Anderson, H. E., & Bashaw, W. L., no address for the first author

The Child Behavior Scale: Second Grade (CBS) is an instrument designed to investigate the dimensions of social maturity among second grade children, as reflected in teachers' ratings. The instrument consists of 18 items depicting overt behavior. Each item is rated on a 7-point Osgoodian scale with bipolar terminal anchors. The instrument was developed from an initial pool of 66 items derived from existing scales purporting to measure social maturity and literature dealing with norms of social development. From these, 30 items selected by elementary school teachers were administered to 522 white and 60 Negro second grade school children. Analysis of the results revealed that CBS items tapped three areas or factors of behavior: 1) Academic maturity; 2) Interpersonal maturity; and 3) Emotional maturity. The six items with highest loadings on each factor were selected to comprise the present 18-item form of the CBS. The instrument requires about 10 to 20 minutes for completion and is easily hand scored. It was found that the academic maturity factor correlated most highly with teacher grades (coefficients ranging from .59 to .67). Further information and a copy of the scale may be obtained from George Spivack, 314 North Broad Street, Philadelphia, PA 19102.

THE CHILD FACT SHEET

Athens, University of Georgia, 1972.

Thomas, George, Regional Insitute of Social Welfare Research, The University of Georgia, 1260-1280 South Lumpkin Street, Athens, GA 30601

The Child Fact Sheet is an instrument designed to collect information on patients and residents of child-caring institutions in the state of Georgia. The Child Fact Sheet is one of several instruments employed in an extensive survey of child-caring institutions in that state. The instrument consists of four sections. Section I, completed by an institution staff member, taps information on the child's background, parental history, source of referral, etc. Section II is completed by the child (when possible) and consists of a 46-item self-concept inventory. Sample items from Section II are: "It is easy for me to make friends with the kids I live with"; "I never seem to do anything right the first time"; "I get along well with my teacher." The child responds to the item by checking one of two boxes for each item; boxes are labeled "like me" and "not like me." Section III consists of a 26-item locus of control test which measures whether respondents perceive an external or internal locus of control (i.e., perceive causes as outside of themselves, or see themselves as causal agents). Sample items are: "Do you feel that most kids are just born good at sports?"; "Do you believe that wishing can make good things happen?" Responses consist of checking either "yes" or "no" for each item. The final section consists of a 65-item verbal aptitude and analogies test. The present instrument and accompanying tests used in the child care institution survey may be used to conduct similar investigations outside of Georgia. Further information and a copy of the Child Fact Sheet may be obtained from the author.

THE CHILDREN'S MINIMAL SOCIAL BEHAVIOR SCALE: A SHORT OBJECTIVE MEASURE OF PERSONALITY FUNCTIONING

Token economy mental hospital society. International Journal of Psychology, 1970, 5(4), 269-274.

Ulmer, Raymond A., & Lieberman, Martha, Department of Psychiatry and Human Behavior, Drew Postgraduate Medical School, 1620 East One Hundred and Nineteenth Street, Los Angeles, CA 90059

The Children's Minimal Social Behavior Scale (CMSBS) is an instrument designed to be a highly structured interview in which all of the examiner's behavior is carefully planned, and subjects' responses to this behavior are seen as providing a short, objective measure of personality functioning. The CMSBS was developed from a similar interview procedure, the Minimal Social Behavior Scale (MSBS) designed for use with adults (Farina, A., Arenberg, D., & Guskin, S. A scale for measuring minimal social behavior. Journal of Consulting Psychology, 1957, 21, 265-268). The CMSBS consists of 31 items orally presented to the subject, including ordinary social questions such as asking him how he is getting along. Another sample item from the interview involves the examiner placing a gold colored box in front of the subject and saying: "I'll be busy a minute." The subject is given a point if he looks in the general direction of the box, and another point if he touches it. A time score is given for the number of seconds, to a maximum of 31 if the subject looks at the box. A total of 62 points, including 31 for performance and 31 for time actions, is possible. Each subject is also given simple tasks, such as copying a square with diagonals drawn from each corner. Additional scores are given when the subject takes the initiative in making a spontaneous comment during the interview. The scale yields a total score subdivided into three subject scores, a motor score for those items which can be passed using only muscular movement, a verbal score for items which require only speech, and a motor-verbal score for items involving both response modalities. The scale requires 10 minutes to administer and score. The instrument has been shown to possess a high level of validity and reliability and also has been used extensively with adult subjects. Its simplicity and lack of interpretive requirements enable nonprofessionals to learn to administer and score the scale. It is available in Arabic, French, Greek, Hebrew, Italian, Japanese, and Spanish in addition to English. An experimental application of the CMSBS may be found in Ulmer, R. A. Relationships between objective personality test scores, schizophrenics' history and behavior in a mental hospital token economy ward. Psychological Reports, 1971, 29, 307-312. An additional reference is: Ulmer, R. A., & Franks, C. M. A proposed integration of independent mental health facilities into behaviorally oriented social training programs. Psychological Reports, 1973, 32, 95-104. Further information and a copy of the CMSBS may be obtained from the author.

CHILDREN'S SELF-CONCEPTION TEST

The CSC Test: Self-conceptions of elementary school children. Dissertation Abstracts, 1955, 15(10).

Creelman, Marjorie B., Department of Psychology, Cleveland State University, Cleveland, OH 44115

The Children's Self-Conception Test is an instrument designed to assess four dimensions of a child's self-conception: 1) Self-concept, 2) Self-acceptance; 3) Self-rejection; and 4) Values. The instrument is intended for use with children four to eight years old (Form 1) and 8 to 12 years old (Form 2). The test was designed primarily as a research tool to investigate the relationship of self-concept to adjustment or maladjustment of children. The test consists of a series of 19 sets of pictures depicting situations commonly experienced by children in western culture from which the child is asked to choose pictures which he likes best, dislikes most, pictures he considers to be good and bad, and pictures which he thinks are like and unlike himself. The instrument was developed on theoretical bases as a research vehicle in a doctoral dissertation reported in the source document. The instrument is individually administered to children aged four to six and self-administered to children 6 to 12. The time of administration is approximately one and a half hours. The test is objectively scored in about 15 minutes. Choice coincidences yield combination scores indicating the four dimensions of self-conception above. To date, the major application of the test has been in the author's thesis research in which 155, 6- to 11-year-old children were studied. A copy of the instrument and examiner's manual are available from the author.

CHILDREN'S SELF-SOCIAL CONSTRUCTS TEST

Manual for the self-social symbols tasks and the children's self-social constructs test. Newark, University of Delaware, 1967.

Long, Barbara H., Henderson, Edmond H., & Ziller, Robert C., Department of Psychology, Goucher College, Baltimore, MD 21204

The Children's Self-Social Constructs Test (CSSCT) is an instrument designed to measure self-concept and is intended for use with adolescents. Many of the items overlap the two instruments. The CSSCT for preschool children contains six nonverbal items dealing with vertical self-esteem, social interest, identification with particular others, minority identification, realism size, and preference; the CSSCT for primary grade children includes the above and two additional items referring to horizontal self-esteem and complexity. The CSSCT contains nonverbal items dealing with horizontal self-esteem, social interest, identification with particular others, group identification, egocentricity, power, complexity, and minority identification. The subject is presented with a booklet containing a series of symbolic arrays in which circles and other figures represent the self and/or other persons of importance. The subject responds to each task by arranging these symbolic arrays either by selection, by drawing a circle to represent someone, or by pasting a gummed circle to represent someone. A sample item is "vertical esteem," in which subjects are asked to pick one of a vertical row of circles to represent himself after being told the circles represent children. These instruments were developed by adopting a set of hypothetical constructs for self-esteem, expressing them symbolically, testing for internal consistency, and conducting some preliminary studies of construct validity. The tests are administered individually to preschoolers and in groups to older children. Testing time is approximately 20 to 45 minutes. Scoring method varies from item to item but generally, different point amounts are awarded for different spatial positions of the child's choice of response. The points are then summed according to specified groupings. Reliability and validity data appear in the source document. To date, the major applications of these tests have been in research. Copies of the instrument are available from Special Test Division, Educational Testing Service, 17 Executive Park Drive North East, Suite 100, Atlanta, GA 30329.

CHILDREN'S SOCIAL DESIRABILITY QUESTIONNAIRE

Children's Social Desirability Questionnaire. Journal of Consulting Psychology, 1965, 29(1), 27-36.

Crandall, Virginia C., Crandall, Vaughn J., & Katkovsky, Walter, Fels Research Institute for the Study of Human Development, Yellow Springs, OH 45387

The Children's Social Desirability Questionnaire (CSD) is an instrument designed to measure the degree to which children endorse socially desirable attitudes and behaviors. The instrument is available in two forms, a true-false form for use with sixth to twelfth grade children and a direct question (yes-no) form for the third to fifth grades. The instrument is designed primarily for research relating other test variables to the CSD and comparing CSD performance by different groups of children. The CSD presents a child with 48 items stated so that the subject can only answer them in a socially desirable manner by dissembling. A sample item is: "I have never felt like saying unkind things to a person." The true-false form for older children is self-administering, while the direct question form requires individual administration. The operation to determine the amount of social desirability is the number of items on which the child maintains that he has an undeviating socially desirable attitude or behavior. Normative data are reported in Crandall, Crandall, and Katkovsky (1965); uncorrected split-half reliabilities ranged from .69 to .90 for various subscales; test-retest reliability was .90 (N = 63). Acquiescence response set is controlled by keying of items so that socially desirable responses are split between the two directions. CSD scores have been related to religious and cultural groupings (Crandall and Gozali, 1969), and to personality, social and achievement behaviors (Crandall, 1966). A copy of the instrument is available from the author. Additional references are Crandall, V. C. Personality characteristics and social and achievement behaviors associated with children's social desirability response tendencies. Journal of Personality and Social Psychology, 1966, 4, 477-486; Crandall, V. C., & Gozali, J. The social desirability responses of children of four religious-cultural groups. Child Development, 1969, 40, 751-762.

ELEMENTARY SCHOOL INDEX OF ADJUSTMENT AND VALUES, SELF AND OTHERS

University, University of Alabama, 1951.

Bills, Robert E., P. O. Box 1937, University, AL 35486

The Elementary School Index of Adjustment and Values, Self and Others (EIAV) is a 19-item instrument designed to obtain measures of acceptance of self, beliefs about other people's acceptance of themselves, and discrepancies between self and ideal self-concepts. There are two forms of the test. In the "Self" form, the child answers questions pertaining to himself; in the "Others" form, he answers questions as he thinks most children would answer them for themselves. The questions are easily understood, and the test may be group administered. The examiner reads the questions, and the child marks "yes," "no," "sometimes," or "don't care." There are three questions for each item. Sample items are: 1) "Are you truthful?", "Do you like the way you are?", "Would you like to be truthful?"; 15) "Does he get mad?", "Does he like the way he is?", "Would he like to get mad?" The instrument requires about 10 to 20 minutes to administer and is hand scored. Test-retest and split-half reliabilities, validity information, and normative data are available in the test manual. A copy of the instrument may be obtained from the author.

THE HOME SCALE

Cambridge, Graduate School of Education, Harvard University, 1972.

Watts, Jean Carew, Laboratory of Human Development, Harvard University, Cambridge, MA 02138

The Home Scale (HS) is an instrument designed to measure the relevance and value of a child's experiences in relation to the human and nonhuman environment and to social and intellectual development. The instrument is intended for use with 1- to 3-year-olds and is designed primarily for assessing activity in terms of the child's behavior, the human environment, and the material environment. Activity is studied in terms of 15 dimensions which include activities which are highly likely to promote intellectual development, moderately likely to promote intellectual development, activities not likely to promote intellectual development, and activities involving social-emotional development. A sample activity item is: "Child interacts with another person-child active . . ."; "Child interacts with another person-child not active." Comprised under each item is a list of possible activities. The HS was developed through a longitudinal research study involving naturalistic observation of 1- to 3-year-old children. The instrument is scored by a trained observer and requires 15-second observation time and 15-second recording of information time per each 10 minute protocol. This type of scoring is done for each of the 15 dimensions. Raw data are coded by hand. Rater agreement on each dimension of the HS ranges between 67-95 percent. A copy of the instrument is available from the author at $5.55 per copy.

HUMAN INTERACTION SCALE

Cambridge, Graduate School of Education, Harvard University, 1972.

Watts, Jean Carew, Laboratory of Human Development, Harvard University, Cambridge, MA 02138

The Human Interaction Scale (HIS) is an instrument designed to measure a child's level of interaction with people in his environment. The instrument is intended for use with 1- to 3-year-old children and is designed primarily to measure the relevance of human interaction experiences to the child's emotional, social, and intellectual development. The HIS comprises five dimensions: "Activities"; "Initiation"; "Encouragement"; "Interaction"; and "Compliance." A sample interaction of verbal and symbolic activity is: "M touches eye and says eye. S repeats. M asks: 'Where is Mommy's eye?' S touches M's nose." The HIS was developed through a longitudinal research study involving naturalistic observation of 1- to 3-year-old children. The HIS is rated by a trained observer. Raw data are collected by recording interactional units of time for each 10-minute protocol. Interjudge reliability percentages for each dimension are 86% for activities, 78% for initiation, 85% for encouragement, 76% for techniques, and 87% for success in control. A copy of the instrument is available from the author at $1.50 per copy.

HUMANIZED ANIMALS DRAWING SCALE

Corvallis, Oregon State University, 1967.

Simmons, Dale D., Department of Psychology, Oregon State University, Corvallis, OR 97331

The Humanized Animals Drawing Scale was designed to test whether children respond favorable and systematically to improperly personalized animal figures, and if so, what developmental trends exist. The scale is comprised of 16 pairs of 8 1/2" by 11" black on white drawings. On each card, the same animal (e.g., bear, rabbit, duck, dog, etc.) is performing a natural activity in one drawing and a human activity in another. Respondents are asked, when shown each card, to indicate which drawing they prefer. Total testing time is approximately two minutes. The final score is the total number of natural animal drawings preferred. The score ranges from 0 to 16, with high scores indicating greater preference for the natural drawings. A study using the scale is described in Simmons, Dale D. Children's preferences for humanized versus natural animals, which is available from the author. Presently no norms, validity, or reliability information is available. A copy of the instrument may be obtained for research purposes from the author.

THE IDEAL SELF-RATING SCALE FOR CHILDREN

A self-concept scale for children and its relationship to the children's form of the manifest anxiety scale. Child Development, 1958, 29(4), 463-472.

Lipsitt, Lewis P., Hunter Laboratory of Psychology, Brown University, Providence, RI 02912

The Ideal Self-Rating Scale for Children consists of 22 trait-descriptive adjectives designed to assess ideal self-concept. Each of the adjectives is prefaced by the phrase "I would like to be. . ." and is followed by a 5-point rating scale ranging from "not at all" to "all of the time." Nineteen of the adjectives are considered positive or socially desirable, while three are considered negative. Sample items are "friendly," "happy," and "lazy." A score of "1" is received on an item if the subject checks the first category, a score of "5" if the last category is checked. The three negative items are scored in inverse fashion. A total score is obtained by summing the ratings across all items. In research applications of this instrument a self-ideal discrepancy score can be obtained by subtracting the total self-concept score of the S-C Rating Scale for Children from the total ideal-self score. The S-C Rating Scale and the I-S Rating Scale were administered to 300 fourth, fifth, and sixth grade children and again two weeks later. The distribution of ideal-self scores appeared to form a J-curve with most subjects receiving high scores. Two-week test-retest reliabilities of discrepancy scores ranged from .51 to .72. Correlations ranging from .20 to .51 were found between discrepancy scores and the Children's Manifest Anxiety Scale. A copy of the I-S Rating Scale is available in the source document.

KINDERGARTEN SELF-EVALUATION SCALE

Kindergarten Self-Evaluation Scale. Berkeley, Far West Laboratory for Educational Research and Development, 1972.

Fitzgibbon, Ann, Far West Laboratory for Educational Research and Development, 1 Garden Circle, Hotel Claremont, Berkeley, CA 94705

The Kindergarten Self-Evaluation Scale is an instrument designed to measure the self-conceptions of kindergarten aged children. The instrument consists of 20 easily understandable questions which are read to the subject by a teacher or experimenter. From the child's response, a "yes" or "no" answer is determined and recorded beside the items by circling "yes" or "no." Sample items are: "Do most of the children like you?"; "Do you think that the other boys and girls do better in school than you do?"; "If you are absent do the other children miss you?"; "Would it be nice to be someone else?"; "Are you pretty good at guessing right?" The instrument requires about 10 to 20 minutes to administer and is hand scored. The scale may be administered to small groups of children if necessary, but individual administration is preferable. Further information regarding the use, reliability, and validity of the scale and a copy of the instrument may be obtained from the author.

LOCUS OF CONTROL SCALE

Elementary school guidance: Demonstration and evaluation. St. Paul, Pupil Personnel Services Section, Minnesota Department of Education, 1972.

Bialer, Irving, & Cromwell, R. R., State of New York Department of Mental Hygiene, 524 Clarkson Avenue, Brooklyn, NY 11203

The Locus of Control Scale (LCS) is an instrument designed to measure internal and external control. The instrument is intended for use with children and is designed primarily to determine to what degree a child feels that he has control over people and events in his environment. The LCS contains 23 items which make statements concerning the control of self and the environment and perceived control over others. A sample item concerning self-control is: "When bad things happen to you is it usually someone else's fault?" A sample item concerning control over others is: "Can you ever make other people do things you want them to do?" The items are to be answered "true" or "false." The instrument was developed through research by the authors. The LCS is self-administering and requires approximately 25 minutes for completion. Normative, reliability, and validity data are available in the source document and also reported by Bialer, I. Conceptualization of success and failure in mentally retarded and normal children. Journal of Personality, 1961, 29(3), 303-320 and Cromwell, R. R. A social learning approach to mental retardation. In N. Ellis (Ed.), Handbook of mental deficiency. New York: McGraw Hill, 1963, Pp. 41-91. A copy of the instrument is available from G. Dean Miller, Pupil Personnel Services Section, Department of Education, Capitol Square, 550 Cedar Street, St. Paul, MN 55101.

LOUISVILLE FEAR SURVEY FOR CHILDREN

Factor structure of childhood fears. University of Louisville School of Medicine, 1972.

Miller, Lovick C., Barrett, Curtis L., Hampe, Edward, & Noble, Helen, 608 South Jackson Street, Louisville, KY 40202

The Louisville Fear Survey for Children (LFSC) is an instrument designed to measure fear in children. The instrument is intended for use with the parents of the child and is designed primarily to determine the basic structure of fear behavior in children. The instrument contains 81 items, and the parent is asked to respond to one of three alternatives: "No fear observed"; "Normal or reasonable fear"; "Unrealistic or excessive fear." Sample items are: "Dirt", "Dogs or cats"; "Thunder"; "People who are old"; "Strangers"; "Hell"; "Riots"; "Space creatures or monsters"; "Breaking a religious law"; "Entering a strange room"; "Being seen naked"; "Tests or examinations." The instrument was developed through research in adult phobia and child anxiety inventories. The instrument is self-administered. Split-half reliability is reported at .96. Factor analysis data in the source document revealed three primary dimensions: "Fear of physical injury"; "Natural events"; and "Psychic stress." A copy of the instrument is available from the author.

THE NOWICKI-STRICKLAND LOCUS OF CONTROL SCALE FOR CHILDREN

A locus of control scale for children. *Journal of Consulting and Clinical Psychology*, 1973, 40, 153-158.

Nowicki, Stephen, & Strickland, Bonnie R., Emory University, Department of Psychology, Atlanta, GA 30322

The Nowicki-Strickland Locus of Control Scale for Children is a pencil and paper instrument designed to measure generalized locus of control of reinforcement in children. Locus of control theories propose two general reinforcement orientations, internal (i.e., one is in control of one's fate, one's rewards, etc.), and external (i.e., others, "outside forces," are in control of reinforcement and rewards). The present instrument consists of 40 items to which "yes" or "no" responses are given. The instrument is designed for use with children between grades 3 through 12 but may be used with younger and older children. The instrument was developed from an original pool of 102 items, constructed on the basis of Rotter's definitions of external and internal locus of control. Item selection on the basis of 100 percent agreement between the responses of a group of clinical psychologists asked to answer the items in the external direction reduced the number of items to 59. The discriminative performance of items in a pretest administration of the scale to children resulted in the present 40-item scale. Sample items from the instrument are: "Are some kids just born lucky?"; "Do you believe that most problems will solve themselves if you just don't fool with them?"; "Do you think that whether or not people like you depends on how you act?" The scale was administered to 1017 elementary and high school students. As expected, scale scores become more internal with age. Split-half internal consistency coefficients range from .63 to .81. Six week test-retest reliabilities ranged from .56 to .71. An experimental application of the scale is to appear shortly in the *Journal of Consulting and Clinical Psychology*. Further information and a copy of the scale may be obtained from the author.

THE PIERS-HARRIS CHILDREN'S SELF-CONCEPT SCALE

Journal of Educational Psychology, 1964, 55, 91-95.

Piers, Ellen V., & Harris, Dale B., Department of Psychology, 417 Psychology Building, Pennsylvania State University, University Park, PA 16802

The Piers-Harris Children's Self-Concept Scale is a questionnaire designed to measure the way children feel about themselves. The instrument is intended for use with children in grades 3 to 12 and may be administered individually or to classes, requiring 15 to 20 minutes for completion. Factor analysis of the items comprising the instrument revealed six clusters of items: a) Behavior; b) Intellectual and school status; c) Physical appearance and attributes; d) Anxiety; e) Popularity; and f) Happiness and satisfaction. Sample items from these factors are: 1) "I am obedient at home"; 2) "I am good in my school work"; 3) "I have a pleasant face"; 4) "I worry a lot"; 5) "I am among the last chosen for games"; 6) "I like being the way I am." Normative responses were compiled by administering the scale to elementary grade classes chosen from several different schools representing a cross section of socioeconomic levels as well as slow, average, and bright high school classes. Item analysis performed on scores obtained in preliminary administrations of the scale identified those items that significantly discriminated between high and low scale score groups at the .05 level; only significant items were retained. Also, only those items answered in the predicted direction by meeting these criteria comprise the 80-item test. Internal consistency was established using the Kuder-Richardson Formula 21 which resulted in coefficients ranging from .78 to .93 for the different grade levels studied. Temporal consistency was established by test-retest coefficients of .72, .77, and .72 for third, sixth, and tenth, respectively. Some evidence for validity of the scale is provided by the .68 correlation between scores on the present scale and those on Lipsitt's Children's Self-Concept Scale (1958). The test manual and a copy of the instrument may be obtained from Counselor Recordings and Tests, Box 6184, Acklen Station, Nashville, TN 37212.

POST-ASSESSMENT QUESTIONNAIRE

Project summary: *The development of behavior dimensions for emotionally disturbed children: A study of relevant indicators for classroom techniques, therapeutic methods, and prognosis.* Interim report, USOE Grant 2003, July 1967, Vanderbilt University, Nashville, TN

Cromwell, Rue L., Lafayette Clinic, Department of Mental Health, 921 East Lafayette, Detroit, MI 48207

The Post-Assessment Questionnaire (PAQ) is an instrument designed to measure changes in the status of emotionally disturbed children. The instrument is intended for use with parents, guardians, teachers, and childcare workers and is designed primarily to determine the present status of the child and whether any changes have occurred since he was evaluated earlier by means of the Rating/Ranking Scale of Child Behavior, which had been developed and employed earlier under the same USOE grant. The PAQ contains approximately 45 questions yielding 70 coded variables. It was planned that data be collected with the PAQ through identifying individuals who knew the child and his behavior while in the institution in which he was evaluated, who have knowledge of his behavior at this later date, and who can describe the changes observed. The instrument is administered by telephone, by correspondence, or by direct personal contact. The PAQ is scored or coded with reference to the PAQ code book. A copy of the instrument is available from the author.

THE PUPIL'S QUESTIONNAIRE

From birth to seven. London: Longman, 1972.

Davie, Ronald, Butler, N. R., Goldstein, H., National Children's Bureau, Adam House, 1 Fitzroy Square, W1P 5AH, England

The Pupil's Questionnaire is an instrument designed as part of an extensive developmental investigation in which all those children born in England, Scotland, and Wales during the week of March 3 to 9, 1958, are the subjects of a longitudinal study tracing their physical, educational, and emotional development from birth to maturity. One purpose of the investigation is to attempt to relate the obstetric and social characteristics of subjects' births to their subsequent physical, educational, and emotional development. The aims also include gathering normative data (educational, psychological, social, and physical) on a representative, national group of British children at key points in their educational careers and, subsequently, investigating cross-sectional relationships at each follow-up, making regional comparisons, and investigating longitudinal relationships, particularly as they throw light on adverse or above average development. Two follow-up studies of the subjects have been undertaken to date, one in 1969 when subjects were 11 years of age. Both follow-up procedures involved securing developmental information from three sources: a) A medical examiner, b) The child's school and teacher, and c) The child's parents. The present questionnaire was used in the second follow-up study and was administered in conjunction with various aptitude tests administered to subjects as part of the School Questionnaire designed to assess educational development. The Pupil's Questionnaire is a brief self-report personality sketch consisting of seven multiple-choice and fill-in items, as well as one essay item in which the child is asked to write a brief story. Sample items from the Pupil's Questionnaire are: "Do you enjoy your spare time or do you often get bored?"; "Write down the three school subjects you like best" ; "When you leave secondary school , which of these things do you think you will do, 1) go straight to a job, 2) continue full time study, 3) don't know." Also included is a checklist of activities which subjects rate in terms of the degree to which they participate in each activity. Sample checklist items are: "Model making" ; "Playing and talking to friends" ; "Going to the cinema" ; "Reading books" ; "Helping at home" ; "Going to club" ; etc. These items are rated by checking "often," "sometimes," "never or hardly ever." A full statistical appendix is included in the source document. Further information, a list of references related to the present project and a copy of the Pupil's Questionnaire may be obtained from the author for a small fee.

RATING SCALE

Rating Scale: A multiaspect investigation of masculine development in kindergarten age boys. *Genetic Psychology Monographs*, 1968, 78, 89-138.

Biller, Henry B., Department of Psychology, University of Rhode Island, 44 Lower College Road, Kingston, RI 02881

The Rating Scale consists of 16 items which are designed to assess the elementary school child's overt masculinity (A) defined as assertiveness, aggressiveness, competitiveness, independence, physical prowess, and mastery of his environment. Nine items are assumed to be characteristic of high masculinity while seven are assumed to be characteristic of low masculinity. Concrete descriptions are given of each behavior to be rated. A sample item is: "Active and energetic (vigorous and plays hard, busy and on the move)." Judges such as teachers rate each child on each item using a 5-point scale ranging from "very frequently" to "very seldom." Interrater reliabilities ranging from .75 to .95 are reported in the source document. Small but generally significant correlations between masculinity (A) and sex rate orientation (O) and sex rate preference (P) are also reported in the source document. In a large study involving 186 kindergarten boys, it was found that perceived father power was related to A, O, and P, while the maternal, intellectual, and physique variables generally showed less relationship to masculine development. However, as one goes from O to P to A, familial variables seemed to have less influence. Both mental age and mesomorphy were positively related to masculinity (A). A copy of the instrument is available in the source document from the author.

THE SEARS SELF-CONCEPT INVENTORY

The effect of classroom conditions on the strength of achievement motive and work output of elementary school children. Washington, U. S. Office Education Cooperative Research Project No. 873, 1963.

Sears, Pauline S., 110 Golden Oak Drive, Portola Valley, CA 94026

The Sears Self-concept Inventory is an instrument designed to assess the self-concept of fifth and sixth grade child The instrument attempts to measure positive versus negative self-concepts. The instrument consists of 100 items tapping 10 general categories of abilities, conduct, or achievement. These categories have been shown empirically to represent areas in which children spontaneously have feelings and make judgments about their own effectiveness and competence. The 10 self-concept categories and sample items from each are: 1) Physical ability (playing outdoor games after school); 2) Mental ability (remembering what I've learned); 3) Social relations with boys (getting along well with girls); 5) Social relations with parents (getting along well with parents); 6) Social relations with teachers (controlling my temper with teachers); 7) Work habits (getting assignments straight the first time); 8) Social virtues (being willing to help others); 9) Happy qualities (being confident, not shy or timid); 10) School subjects (doing science projects). The test provides two response options beside each item. The first response option requires that the child check "yes" or "no" to the following: "Am I pretty well satisfied with myself in this?" ("this" referring to the quality described in each item). The second response option requires subjects to rate themselves on each item in terms of a 5-point scale ranging from "not very good" to "very good" in response to the question: "Compared with others in my class, how do I rate now?" These two kinds of response provide the bases for two measures of self-esteem; the number of "yes" responses provides a self-satisfaction score and the average of the 5-point scale ratings provides a comparative rating score. Split-half reliability coefficients of .94 and .95 were obtained for these two score respectively. The instrument has been used to investigate the relationship between child rearing practices and children's self-concept. This study may be found in Sears, Robert R. Relation to early socialization experiences to self-concepts and gender role in middle childhood. Child Development, 1970, 41, 267-289. Further information and a copy of the scale may be obtained by ordering NAPS document No. 00823 from ASIS National Auxiliary Publications Service, c/o Microfiche Publications, 305 East 46th Street, New York, NY 10017; remit in advance $1.50 for microfiche or $5.00 for photocopy.

THE SELF-CONCEPT RATING SCALE FOR CHILDREN

A self-concept scale for children and its relationship to the children's form of the manifest anxiety scale. Child Development, 1958, 29(4), 463-472.

Lipsitt, Lewis P., Hunter Laboratory of Psychology, Brown University, Providence, RI 02912

The Self-concept Rating Scale for Children consists of 22 trait-descriptive adjectives designed to assess self-concept. Each of the adjectives is prefaced by the phrase "I am . . ." and is followed by a 5-point rating scale ranging from "not at all" to "all of the time." Nineteen of the adjectives are considered positively or socially desirable while three are considered negative. Sample items are "friendly," "happy," and "lazy." A score of "1" is received on an item if the subject checks the first category, a score of "5" if the last category is checked. The three negative items are scored in inverse fashion. A total score is obtained by summing the ratings across all items. In research application of this instrument, the S-C Rating Scale was administered to 300 fourth, fifth, and sixth grade children and again two weeks later. The distribution of scores was essentially normal with a mean of 86.75 and a standard deviation of 8.18. Two week test-retest reliabilities ranged from .73 to .91. Negative correlations ranging from -.63 to -.34 were found between the self-concept score and the Children's Manifest Anxiety Scale. A copy of the scale is available in the source document.

THE SELF-CONCEPT TARGET GAME

Self-concept target game. Berkeley, Far West Laboratory for Educational Research and Development, 1972.

Fitzgibbon, Ann, Far West Laboratory for Educational Research and Development, 1 Garden Circle, Hotel Claremont, Berkeley, CA 94705

The Self-Concept Target Game was designed to measure one aspect of healthy self-concept in children, realistic level of aspiration. The rationale behind a level of aspiration self-concept scale is that unrealistic goals result in failure, and failure is related to lowered levels of self-esteem, or poor self-conceptions. The instrument or game consists of a 78-inch by 20-inch plastic strip on which are printed four boxes, three larger boxes containing concentric circles in the form of targets, and a smaller box designating the position from which the child begins the game. The area around the first (closest) target is marked by the number one, and each circle of the target is marked, three, four, and five from outermost to innermost. Similarly, the area around target two is marked by the number three, and the target circles are marked seven, eight, and nine. The last, or most distant box is marked five and the target circles are designated by 11, 12, and 13. The numbers in the boxes and targets are represented as standing for points which the child can earn by throwing or pushing a bean bag along the plastic board, attempting to hit a target of a particular value. Subjects are instructed that the object of the game is to get the most possible points. Subjects are also instructed that they are to announce in advance the target area in which their bean bag will land, and that if it lands anywhere else no points are earned. Thus the purpose of the game is to examine the revision of announced target choices (realistic goals) on the basis of feedback from successive game trials. Each child is given 11 trials.

The game may be administered to groups of five children where individual administration is not possible. The game is intended for use with second and third graders. The score for the Target Game is a level of aspiration score obtained by subtracting the value of the target chosen on any one trial from the value of the target hit on the previous trial. The 10 resulting difference scores are summed, and the larger the sum the more discrepant (or unrealistic) the child's level of aspiration. A reliability coefficient of .87 and high levels of predictive validity are reported. Further information, as well as administration and scoring instructions, may be obtained from the author.

A SELF-DISCLOSURE INVENTORY FOR ADOLESCENTS
Psychological Reports, 1969, 24, 439-445.

West, Lloyd W., & Zingle, Harvey W., Department of Educational Psychology, University of Calgary, 2920 24 Avenue North West, Calgary, Alberta, Canada, T21 IN4

The Self-Disclosure Inventory for Adolescents (SDIA) is a self-report instrument designed to assess the communication patterns of adolescent subjects. It provides a measure of the amount of self-disclosure (i.e., depth of communication) which characterizes the subject's interaction with various target persons (confidants). The SDIA consists of a set of 48 items. There are eight items per category. The categories include: 1) Health and physical development; 2) Personal concern; 3) Boy-girl relations; 4) Home and family; 5) School concern; 6) Money and status concern. The subject responds to each item by indicating the degree to which that topic has become the focus of communication in conversations with each target person designated by the test administrator. The selection of targets is arbitrary but generally includes mothers, fathers, friends of the same sex, and friends of the opposite sex. The instrument may be administered to individuals or to groups. Administration time depends upon the number of designated targets, but generally takes from 15 to 20 minutes. Computer scoring programs are available. Test-retest reliability coefficients for the SDIA scores range from .70 to .92; split-half reliability coefficients range from .83 to .97. For a review of validity data for the SDIA, see West, L. W., A study of the validity of the self-disclosure inventory for adolescents. Perceptual and Motor Skills, 1971, 33, 91-106. The instrument has been used in research studies designed to investigate the correlates of various patterns of adolescent communication and in clinical settings to identify the quality of interpersonal relationships of counseling clients. Further information, a copy of the instrument, and reprints of various research articles may be obtained from the authors.

SELF-ESTEEM MEASURE
Black and white self-esteem: The urban school child. Washington, DC, American Sociological Association, 1972.

Rosenberg, Morris, & Simmons, Roberta G., Mental Health Intramural Research Program, NIMH, Department of Health, Education, and Welfare, 9000 Rockville Pike, Bethesda, MD 20014

The Self-Esteem Measure is an instrument designed to measure self-esteem in school-aged children. The instrument is intended for use with children of different ages and different social backgrounds and is designed primarily to collect data on possible differences in self-esteem responses between black and white school children. The measure contains six items, administered individually according to an interview schedule. Sample items are: "A kid told me, 'There's a lot wrong with me.' Do you ever feel like this? (If yes, ask: Do you feel like this a lot or a little?) Another kid said, 'I'm not much good at anything.' Do you ever feel like this? (If yes, ask: Do you feel like this a lot or a little?) Another kid said, 'I am no good.' Do you ever feel like this? (If yes, ask: Do you feel like this a lot or a little? How happy are you with the kind of person you are? Are you very happy, pretty happy, a little happy, or not at all happy with the kind of person you are?)." Face validity, trait validity, construct validity, and the interchangeability criterion are discussed in the source document. The instrument showed substantial correlations with the Baltimore Self-Esteem Scale and the New York State Self-Esteem Scale. Two basic questions are asked: "Is there a subject-interviewer racial bais?" "Do the self-esteem scores mean essentially the same thing among black and white children?" The results suggest no distortion due to race or age. A copy of the instrument is available from the first author for $2.75.

THE SELF-PERCEPTION INDEX
Self-perceptions of culturally disadvantaged children. American Education Research Journal, 1969, 6(1), 31-45.

Soares, Anthony T., & Soares, Louise M., Psychology Department, University of Bridgeport, Bridgeport, CT 06602

The Self-Perception Inventory (SPI) was designed to measure and compare five components of self-perception in economically disadvantaged and economically advantaged elementary and high school students. The five components of self-perception, each measured by means of a separate SPI form are: 1) Self-concept (how the individual believes himself to be at the moment); 2) Ideal concept (how he wishes he were or hopes to become); 3) Reflected self-image--classmates (how he thinks his classmates view him); 4) Reflected self-image--teachers (how he thinks his teachers perceive him); 5) Reflected self-image--parents (how he thinks his parents view him.) Each of the five forms which comprise the SPI contain 20 parallel items which are identical in content but have minor changes in wording. Items consist of 20 pairs of bipolar traits expressed in sentence form. Each pair is separated in a semantic differential format by four spaces, by which the subject rates himself as to whether he is very or more like the positive pole, or very or more like the negative pole of the quality. Sample items from each of the five SPI forms are: 1) "I do well in school work" or "I do poorly in school work"; 2) "I wish I made friends easily" or "I don't wish I could make friends easily"; 3) "My friends think I'm not afraid of things" or "My friends think I'm afraid of things"; 4) "My teachers think I'm a relaxed person" or "My teachers think I'm a nervous person"; 5) "My parents think I'm somebody" or "My parents think I'm nobody." A check placed over the very positive position received a score of "+2," above the more positive position, a score of "+1," above the more negative position, a score of "-1, and above the very negative position, a score of "-2." The scores were summed algebraically for each of the five indices with high scores representing positive self-perceptions and low scores representing negative self-perceptions. Each form of the SPI requires about 5 to 10 minutes for completion and is easily hand scored. The instrument was developed from a pilot project in which single adjectives were rated by students and tested for applicability and comprehension. The instrument was administered to 514 fourth to eighth grade students of schools in economically advantaged and economically disadvantaged areas. It was found that the SPI significantly discriminated between the self-perceptions of the two groups, with economically disadvantaged students having not only highly positive self-perceptions, but also higher self-perceptions than the advantaged group. An application of the SPI technique to an evaluation of the student teaching experience may be found in Soares, A. T., & Soares, L. M. Self-perceptions of student teachers and the meaningfulness of their experience. The Journal of Teacher Education, 1968, 19(2), 187-191. An adult form with 36 pairs of bipolar adjectives is also available. Further information, reliability and validity data, and a copy of the SPI may be obtained from the author.

TEACHERS ADJECTIVE CHECKLIST
Interrelations among screening measures for early detection of school dysfunction. Psychology in the Schools, 1971, 8(2), 135-139.

Cowen, Emory L., Dorr, Darwin, & Orgel, Arthur R., Department of Psychology, University of Rochester, Rochester, NY 14627

The Teachers Adjective Checklist (TACL) is an instrument designed to measure children's personality characteristics. The instrument consists of 34 descriptive adjectives. Seventeen of the 34 are positive and the remaining 17 are negative. Samples of positive adjectives are "helpful," "cheerful," "happy." Samples of negative adjectives include "boastful," "tense," "irritable." The rating is done by the observer of the child, the teacher. For each adjective, the teacher rates the child on a 3-point scale: 0) Does not apply, 1) Applies somewhat, and 2) Describes very well. Two total scores are obtained by adding the scores for the positive and negative adjectives. A grand total score is derived by subtracting the negative items total score from the positive items total score. Three possible scores then are obtained: Total (range +34 to -34), Sum Positive (range 0 to +34), and Sum Negative (range 0 to +34). The TACL requires approximately 5 to 10 minutes per child to complete. This instrument is designed to discriminate between adjusted and maladjusted children and relates to professional, peer, and parental judgments. A copy of the instrument is available from the second author at the same address.

TEACHERS REPORT: FIRST-DAY IMPRESSIONS
Boston, Project Headstart, Division of Mental Hygiene, 1965.

Hutcheson, Bellenden R., Department of Mental Health, 190 Portland Street, Boston, MA 02114

Teacher's Report: First-Day Impressions is an instrument designed as part of a Headstart program aimed at: a) Developing an index of participants' characteristics that can be used to evaluate each child and to make recommendations as to the child's placement and progress; and b) Developing instrument that will allow for the statistical analysis of the total population enrolled in project Headstart of the Massachusetts Division of Mental Hygiene. The present instrument is designed to provide information regarding the appearance and behavior of preschool age Headstart participants at the onset of the Headstart program. Thus, the characteristics of children who leave the program after a short period may be compared with the characteristics of those who remain. Similarly, the instrument provides baseline information on children's characteristics such that changes over time may be noted. The instrument consists of 26 items to be filled out by the child's teacher. The instrument is designed to collect identifying data (such as date of birth, sex, etc.), appearance data (grooming, general appearance), and behavioral data (response patterns, interpersonal patterns, etc.). Sample items from the instrument are: "First impressions of appearance, a) normal, b) different"; "Expresses hostility physically, a) usually, b) often, c) sometimes, d) never"; "Speech, a) fluent, intelligible, b) fluent but with defect, c) infantile or limited, d) expressive sounds or gestures, e) no communication." The response options vary for each item. The present instrument was developed by a team of mental health professionals, including sociologists, child psychiatrists, and clinical psychologists in consultation with experienced teachers of preschool age children. The instrument can be completed in 10 to 25 minutes. Further information and copies of the child evaluation instrument used in the project may be obtained from the author.

TEACHER'S REPORT: TWO-WEEK IMPRESSIONS

Boston, Project Headstart, Division of Mental Hygiene, 1965.

Hutcheson, Bellenden R., Department of Mental Health, 190 Portland Street, Boston, MA 02114

Teacher's Report: Two-Week Impressions is an instrument designed as part of a Headstart program aimed at: a) Developing an index of participants' characteristics that can be used to evaluate each child and make recommendations as to his placement and progress, and b) Developing instruments that will allow for the statistical analysis of the total population enrolled in project Headstart of the Massachusetts Division of Mental Hygiene. The present instrument is designed to tap information on the characteristics of preschool age Headstart participants in the following areas: 1) Physical characteristics (defects of the senses, general health); 2) Routines and formal periods (toilet training, eating behavior); 3) Language (speech defects, quality and quantity of speech); 4) Competency for chronological age (motor and cognitive); 5) Skills (physical versus pencil and paper activities); 6) Social relationships (with peers and adults); 7) Specific characteristics (e.g., marked hyperactivity, stereotyped behavior, hostile withdrawal, etc.) The instrument consists of 112 items. Sample items are: "Problems-solving, a) above average, b) average, c) below average"; "Vocabulary, a) average for age, b) sophisticated, c) limited, d) idiosyncratic, e) extremely limited"; "Self-image, a) blustering overconfidence, overcompensation, b) sometimes overconfident, c) healthy self-image, d) shows some self-doubt, e) self-degradation." Response options vary for each item. The instrument was developed by a team of mental health professionals including sociologists, child psychiatrists, and clinical psychologists in consultation with experienced teachers of preschool age children. Item ratings are made by the child's teacher, and the instrument requires 10 to 25 minutes for completion. The instrument is specifically used to provide baseline information on children's characteristics so that changes over time may be noted. Further information and copies of the child evaluation instrument used in the project may be obtained from the author.

TEST OF CAUTION

Traits of school achievers from a deprived background. New York: Associated Educational Services, 1967.

Davidson, Helen H., & Greenberg, J. W., 90 La Salle Street, New York, NY 10027

The Test of Caution is an instrument designed to measure the trait of cautiousness as an aspect of cognitive control in a school related task. Cautiousness is defined here as the capacity to withhold checking an item if the child does not know the right answer. The instrument was originally used with fifth grade children from lower class Negro populations attending urban ghetto schools. The Test of Caution was developed as part of a project concerned with differentiating between high and low achievers on some cognitive, affective, motivational, or background dimensions hypothesized to be related to achievement. The Test of Caution consists of 30, 4-choice multiple-choice items, with the number of correct choices varying from 0 to 4. Eighteen items are informational and vary in difficulty. A sample item is: "An apple is, a fish, an animal, a bird, a rock." The remaining 12 items are "impossible" to answer since the item contains a fabricated key word. A sample item is: "A lemis is like, a hammer, a drill, a screwdriver, a saw." The child is instructed to check the number of items (zero to four) which he thinks provides the right answer to the stem question. The "impossible" items were designed to control for differences in amount of information among the children since no one could know the fabricated word. The instrument was developed on the basis of pilot research which pointed to a difference between high and low achievers in a trait identified as cautiousness. The test is self-administered in a group setting. The degree of cautiousness is scored as the number of choices to the fabricated items which the child does not check. The range of possible scores is from 0 to 48: the higher the score the more "cautious" the behavior. The split-half reliability coefficient for the 12 fabricated items was .81. The 18 informational items serve to disguise the real purpose of the test and are not scored. Normative, reliability, and validity data are available in the source document, a 294-page report which includes descriptions, instructions copies, and analyses of 20 instruments used for large scale project. The Test of Caution has also been used in a study comparing middle class and lower class children: Greenberg, J. W., et al. Caution and creativity as correlates of achievement in disparate social classes. *Journal of Negro Education* (In press). A copy of the source document containing the instrument is available from the publisher, 630 Fifth Avenue, New York, NY 10020.

WHAT PEOPLE THINK

Differentiation and development of social norms. *Journal of Personality and Social Psychology*, 1971, 18(3), 323-353.

Emmerich, Walter, Goldman, Karla S., & Shore, Roy E., Human Development Research Group, Educational Testing Service, Princeton, NJ 08540

What People Think is an instrument designed to measure the normative differentiations internalized by children and adolescents, and also the nature of the developmental process by which such differentiations become internalized. The instrument measures the degree to which internalized norms are differentiated with respect to four variables or facets of normative behavior or acts: 1) Age (generation) of participants; 2) Sex of participants; 3) Source of normative act or behavior, and 4) Object of normative act or behavior. The test taps these four facets with items that refer to the respondent's parents (male and female adults) and to two male and female peers of the respondent's choice. Thus by varying the sex and age of both the source and object of a normative act, 16 possible combinations or sorts of items emerge, e.g., male or female source of parental or peer age and male or female object of parental or peer age. Each one of the 16 possible combinations of variables is represented by five items in the test for a total of 80 items. Sample items from the test are: "How often does your mother think you should argue with your friend (a girl)?"; "How often does your father think you should ask your friend (a boy) for help?"; "How often does your friend (a girl) think you should ask your friend (a boy) for help?" Response options are "very often," "often," "sometimes," "never." The test requires 20 to 45 minutes for completion and is self-administering to small groups. It was found that norms regulating conduct in the four behavioral areas tested (argue, help, ask for help, agree with) are reasonably well differentiated by middle childhood and remain so through adolescence. Significant sex typed normative differentiations were observed and decreased with age. An experimental application of this instrument may be found in Emmerich, W. Cognitive mediation of development trends in extreme response choice. Developmental Psychology, 1971, 5, 540. A copy of the instrument may be obtained from the first author.

THE PHYSICALLY HANDICAPPED

THE AFFECTIVE STATE BAROMETER

Philadelphia, Piersol Rehabilitation Center, 1968.

Fogel, Max L., Piersol Rehabilitation Center, Ground Floor, Thirty-sixth and Spruce Streets, Philadelphia, PA 19104

The Affective State Barometer is an instrument designed to tap three areas of affect: 1) Anxiety; 2) Anger-hostility; 3) Depression. The instrument was developed specifically for the purpose of providing a means by which to measure mood and affect trends in handicapped patients over the course of rehabilitation treatment. The instrument consists of four items. Items are printed on 2-inch by 14-inch strips of paper. On each of these strips is printed a "ruler" type figure which is divided into 100 units with intervals of 10 units designated by the numbers 10, 20, 30, etc., up to 100. Below each of these figures is printed one of four affective states: 1) Anxiety; 2) Anger; 3) Depression; 4) Cheerfulness. Below each affective quality are directions instructing the subject to describe how he is presently feeling by checking the appropriate number along the 100-point continuum, with the value of "100" denoting the most anxiety, depression, etc., the subject has ever felt, and the value of "0" the least amount the subject has ever felt. The instrument was patterned after the Multiple Affect Adjective Checklist (MAAC) which assesses anxiety, hostility, and depression levels by having subjects endorse certain adjectives (Zuckerman, M., & Lubin, B. Manual for the multiple affect adjective checklist. California: Educational and Industrial Testing Service, 1968). The present instrument was developed in an attempt to control for response sets involved in filling out affective checklists. Further information and a copy of the instrument may be obtained from the author.

ASTHMA: SELF-REPORT INTERVIEW

The impact of symptom on the child: Comparative studies of clinical populations. Journal of School Health, 1968, 38(6), 342-350.

Clifford, Edward, Child Psychiatry Research Laboratory, Child Guidance Clinic, Trent and Elba Streets, Durham, NC 27705

The Symptom Self-Report Interview is a self-rating measure used to examine the effects of symptoms on an asthmatic or a cleft lip palate child's cognitive structure and how he construes the world. The interview is intended for use with children who suffer from a variety of conditions and is designed primarily to obtain data that can be used to help the child better adapt to his environment. The interview contains five sections: 1) "How I feel about having asthma or cleft lip palate" (20 items). A sample item: "Did your asthma cause you to have any problems eating? yes, a lot, some, not too many." 2) "If I didn't have asthma, or cleft lip palate" (10 items). A sample item: "I would make friends," more easily than I do now, less easily than I do now, about as easily as I do not." 3) "When I was born" (16 items for each parent). Sample items: "When I was born, my mother worried a lot, my father worried a lot." 4) "How I would describe myself" (20 self descriptors). Sample item: "Ambitious, exactly like me, somewhat like me, somewhat unlike me, exactly unlike me." 5) "How I feel about myself" (15 items). Sample item: "I believe in myself, all of the time, some of the time, little of the time, none of the time." An additional reference is The impact of symptom: A preliminary comparison of cleft lip palate and asthmatic children. The Cleft Palate Journal, 1969, 6(3), 221-227. Further information and a copy of the instrument are available from the author.

ATTITUDE-BEHAVIOR SCALE: DEAF

East Lansing, Michigan State University, 1972.

Jordon, John E., College of Education, Michigan State University, East Lansing, MI 48823

The Attitude-Behavior Scale: Deaf is an instrument designed to measure the attitudes of an individual toward the deaf. The instrument is based on the Guttman facet theory and is designed primarily to show the utility of the facet theory approach to attitude scale construction. The instrument consists of 137 items which ask the individual to give his opinion on other people's beliefs about the deaf, his own beliefs toward the deaf, and his own projected actions toward the deaf. Other items deal with actual experiences the subject has had with deaf people and personal data about the individual. Sample items are: "In respect to people who are deaf, do you believe that it is usually right or usually wrong to take a deaf child on a camping trip with normal children, to allow a deaf child to visit overnight with a child who is not deaf, to be a soldier in the army"; "In respect to a deaf person, would you share a seat on a train for a long trip, live in the next door house or apartment, extend an invitation to a party at your house." The instrument is self-administered. Cross-cultural information on the instrument can be found in Jordan, J. E. Facet theory and cross-cultural research methodology. A Paper presented by the author at the First International Conference of the International Association of Cross Cultural Psychology, Hong Kong, August 1972. A copy of this paper, and the instrument are available from the author.

THE ATTITUDE AND RECOGNITION OF CURRENT ILLNESS RATING SCALE

Philadelphia, Piersol Rehabilitation Center, 1968.

Fogel, Max L., Piersol Rehabilitation Center, Ground Floor, Thirty-sixth and Spruce Streets, Philadelphia, PA 19104

The Attitude and Recognition of Current Illness Rating Scale is an instrument designed to assess patients' intellectual and factual understanding of the physical and emotional aspects of their disability or illness. The instrument was designed for the purpose of investigating the relationship between recognition of illness and success or progress in rehabilitation treatment. The instrument consists of four items each of which is rated in terms of a 7-point scale ranging from "none" (or "not at all") to "extreme." Sample items from the scale are: "Influence of emotional reaction on patient's degree of recognition of illness, conscious or not"; "Intellectual, factual understanding of disability"; "Awareness of emotional aspects of illness." The instrument requires about three minutes for completion. Ratings are made by a psychiatrist on the basis of information obtained during an extensive psychiatric interview. Factual knowledge of illness was found to be related to the accuracy of patients' appraisals regarding prognosis. Realistic prognostic appraisals by the patients were found to be significantly related to rehabilitation success. Further information and a copy of the scale may be obtained from the author.

THE ATTITUDE AND RECOGNITION OF RECOVERY POTENTIAL RATING SCALE

Philadelphia, Piersol Rehabilitation Center, 1968.

Fogel, Max L., Piersol Rehabilitation Center, Ground Floor, Thirty-sixth and Spruce Streets, Philadelphia, PA 19104

The Attitude and Recognition of Recovery Potential Rating Scale is an instrument designed to provide an index of disabled patients' recovery potential. The rating scale taps motivating forces within the environment (e.g., the family), as well as positive and negative patient attitudes which might influence the recovery process. The instrument was devised for the purpose of identifying those psychologic variables related to rehabilitation success in disabled patients. The scale consists of eight items, each of which is rated in terms of a 7-point scale ranging from "none" (or "not at all") to "extreme." Sample items from the scale are: "Overall affective attitude of patient" (state of morale); "Reality of patients' appraisal of recovery potential"; "Overall strength of influence of familial factors on patients' attitude toward staff" (degree of hope or expectation). The instrument requires about 15 to 20 minutes for completion. Ratings are made by a psychiatrist on the basis of information obtained in an extensive psychiatric interview. Further information regarding the use of the scale, and a copy of the instrument may be obtained from the author.

THE ATTITUDE TOWARD BODY IMAGE RATING SCALE

Philadelphia, Piersol Rehabilitation Center, 1968.

Fogel, Max L., Piersol Rehabilitation Center, Ground Floor, Thirty-sixth and Spruce Streets, Philadelphia, PA 19104

The Attitude Toward Body Image Rating Scale is an instrument designed to measure the global body image (i.e., concern with appearance) of physically disabled patients. The instrument was developed for the purpose of investigating the effect of patients' body image attitudes on their success and progress in rehabilitation programs. The instrument consists of two parts. Part I taps the attitudes of the patient and consists of four items. Part II taps the attitudes of others as perceived by the patient and consists of three items. Sample items from Part I are: "Importance of physical appearance to patient"; "Attention to personal appearance" (e.g., grooming, etc.); "Degree of embarrassment and inferiority feelings regarding appearance." Sample items from Part II are: "Importance of physical appearance to others"; "Concern about personal appearance communicated by others." Each item is rated on the degree to which it applies to the patient in terms of a 7-point scale ranging from "none" to "extreme." Ratings are made by a psychiatrist on the basis of information obtained in an extensive psychiatric interview. Body image or concern with appearance was found to relate negatively to rehabilitation success, especially in female patients. Further information and a copy of the scale may be obtained from the author.

ATTITUDES TOWARD DISABLED PERSONS SCALE

A scale to measure attitudes toward disabled persons. Human Resources Study, No. 5, Albertson, NY, Human Resources Foundation, 1960.

Yuker, Harold E., Block J. R., & Campbell, W. J., Human Resources Center, Albertson, NY 11506

The Attitudes Towards Disabled Persons Scale (ATDP) is a Likert-type scale designed to measure either attitudes toward disabled persons when administered to nondisabled individuals, or attitudes of self-acceptance when administered to disabled persons. There are three alternate forms of the scale, the original 20-item form, and two alternative 30-item forms A and B. Each item is a statement about disabled persons, e.g., "Disabled persons can have a normal social life," to which a person responds by indicating the extent of his agreement (three categories) or disagreement (three categories). The ATDP like most attitude scales, can be administered individually or in groups. It takes about 15 minutes to complete. Since half of the items are positively worded and half negatively worded to control for response bias, the signs of half of the items must be changed in scoring the test. The scoring is simple and can be done either by hand or machine. The instrument has been used in over 200 studies, and a wide range of data on reliability and validity is available. Estimates of stability for periods of two weeks to 18 months range from .66 to .89 with a median of .67. Stability-equivalence reliability values range from .41 to .83 with a median of .74. Measures of construct validity were obtained separately for disabled and nondisabled persons. These measures involved an attempt to confirm a series of predictions pertaining to the relationships of the variable being measured to other variables such as anxiety, sex, intelligence, contact with disabled persons, etc. Relationships were found between attitudes toward the disabled, sex, and educational levels. No relationships were found for age, marital status, extent of disability, and types of interests. Research using the instrument is extensive. A 160-page monograph published in 1966, summarizing research using the ATDP is available from the Human Resources Center, Albertson, NY 11507.

ATTITUDES TOWARD SEVERELY DISABLED COLLEGE STUDENTS SCALE

Columbia, University of Missouri, 1962.

Auvenshine, C. Dwight, Rehabilitation Counseling, Educational Psychology and Counseling, 305 Dickey Hall, University of Kentucky, Lexington, KY 40506

The Attitudes Toward Severely Disabled Students Scale (ATDCS) is an instrument designed to assess the attitudes, particularly of peers, but also of faculty, staff, etc. regarding disabled college students in a variety of campus settings and tasks. The instrument consists of 150 items. Items are constructed such that the subject-stem of each sentence is "severely disabled students . . . ." This is printed at the top of the page and omitted from the items themselves. Sample items are: "Frequently cheer up their roommates"; "Occupy too much space in the dormitory rooms"; "Create a traffic problem in doorways and halls"; "Depend on others too much"; "Feel awkward meeting people." Items are rated in terms of a 5-point Likert scale with the response options of "strongly disagree," "disagree," "uncertain," "agree," "strongly agree." The instrument was developed from an initial pool of 300 favorable and unfavorable items. These items were judged on the extent of favorableness depicted by the item. Seventy-five items were eliminated on the basis of lack of judges' agreement. For the remaining items, phi coefficients were computed to determine the discriminating power of items. The 150 items demonstrating statistically significant coefficients were retained to comprise the present scale. The instrument may be self- or group-administered, requires about 30 minutes for completion and is hand scored. Hand-scoring requires college students, 81 of which participated in a two-week reliability study. Favorability of attitudes varied with age and sex, females being more sympathetic at all age levels, and older males being more sympathetic than younger males. The test-retest reliability coefficient obtained was .85. An application of the instrument may be found in Urie, R. M., & Smith, A. H. The effects of peer contact on attitudes toward disabled college students. *Journal of Applied Rehabilitation Counseling*, 1970, 1(4), 24-32. Further information and a copy of the scale may be obtained from the author.

THE BODY IMAGE RATING SCALE

Correlation of psychologic variables and progress in physical rehabilitation: The relation of body image to success in physical rehabilitation. *Archives of Physical Medicine and Rehabilitation*, 1971, 52, 182-186.

Rosillo, Ronald H., & Fogel, M. L., Piersol Rehabilitation Center, Ground Floor, Thirty-sixth and Spruce Streets, Philadelphia, PA 19104

The Body Image Rating Scale is an instrument designed to investigate the relationship between patient's "body image" (i.e., concern with or importance of appearance and physical competence) and success of physical rehabilitation in physically handicapped patients. The instrument is comprised of 13 criteria items believed to be related to the global concept of body image. Sample criteria from the scale are: "Importance of physical appearance to patient"; "Embarrassment or inferiority feelings engendered by appearance"; "Importance of physical activity"; "Psychosocial value placed on bodily functioning." Patients were rated on each of these criteria in terms of a 7-point scale ranging from "not at all" to "extreme." Ratings were made by psychiatrists on the basis of information obtained during psychiatric interviews conducted upon patient's admission to rehabilitation centers. Eighty-four male and 26 female patients were interviewed and rated according to the present scale. Upon discharge, these patients were independently rated by a team of psychiatrists on their degree of improvement in the rehabilitation program. Several of the rated body image criteria were significantly related to improvement. Sex differences were noted, with high body image ratings contributing more significantly to lower improvement levels in female patients. Further information and a copy of the scale may be obtained from the author.

CLEFT PALATE; SELF-REPORT INTERVIEW
Durham, NC, Child Guidance Clinic, 1968.

Clifford, Edward, Child Psychiatry Research Laboratory, Child Guidance Clinic, Trent and Elba Streets, Durham, NC 27705

The Self-Report Interview is a self-rating measure used to examine the effects of his defect on a cleft lip or palate child's cognitive structure and how he construes his world. The interview is intended for use with children with a cleft lip or cleft palate and designed primarily to obtain data which can be used to help the child better adapt to his environment. The interview contains five sections: 1) "How I feel about having asthma" (20 items). Sample item: "Were you ever worried when food came through your nose? this didn't happen, no, very little, some, yes, a lot." 2) "If I didn't have a cleft lip or palate" (10 items). Sample item: "I would make friends more easily than I do now, less easily than I do now, about as easily as I do now." 3) "When I was born" (16 items). Sample item: "When I was born, my mother didn't want to look at me, my father didn't want to look at me." 4) "How I would describe myself" (20 self-descriptors). Sample item: "Ambitious, exactly like me, somewhat like me, somewhat unlike me, exactly unlike me." 5) "How I feel about myself" (15 items). Sample item: "I believe in myself, all of the time, some of the time, none of the time." Further information and a copy of the instrument are available from the author.

COUNSELING SCALE
The revised scale of employability: An application of Taylor's rating scale construction technique. Washington, DC, American Psychological Association, 1970.

Bolton, Brian, 1 South Franklin Street, Chicago, IL 60606

The Revised Scale of Employability Counseling Scale is an instrument designed to assess the potential employability of mentally, physically, and emotionally handicapped persons who are clients of rehabilitation workshops. The scale is intended for use by the counselor of a potential employee whose relationship to the counselor is through the vocational adjustment workshop. The counseling scale consists of six pages, each of which assesses the prospective employee on a separate dimension of vocational competence. The six factors of vocational competence includes, adequacy of work history, appropriateness of job demands, interpersonal competence-vocational, interpersonal competence-social, language, facility and prominence of handicap. The subject is rated on each dimension on the basis of a continuous 100-point scale. Each scale for the six dimensions is anchored by nine short client descriptions or vignettes. The descriptive vignettes define the scale. The rater is instructed to study the vignettes for each dimension carefully and to decide where the client fits in among the various vignettes on the scale. The Revised Counseling Scale was developed through the application of Taylor's (Gellman, W., Stern, D. J., & Soloff, A. A. A scale of employability for handicapped persons. Chicago, Jewish Vocational Service, 1963; and Taylor, J. B. How to construct an undimensional example-anchored rating scale. VRA Document 67-9, Division of Social Science Research, Topeka, The Menninger Foundation, 1968) scale construction method to a factor analysis of the original Scale of Employability developed at the Chicago Jewish Vocational Service. Reliability, validity and factor analytic results are reported in the source document. A copy of the instrument is available from the author.

THE CURRENT ILLNESS RATING SCALE
Philadelphia, Piersol Rehabilitation Center, 1968.

Fogel, Max L., Piersol Rehabilitation Center, Ground Floor, Thirty-sixth and Spruce Streets, Philadelphia, PA 19104

The Current Illness Rating Scale is an instrument designed to provide an assessment of the degree to which an illness or handicap is disabling (i.e., its severity). The scale was developed for the purpose of investigating the relationship between the assessed degree (severity) of an illness or disability, and patients' progress in rehabilitation programs. The instrument consists of six items, four of which are responded to in terms of a 7-point rating scale, and two of which are open-ended items. Sample open-ended items are: "Estimate of typical required total period of illness and recovery judged by hospital records?"; "Length of illness, including recovery?" Sample rating scale items are: "Degree of discomfort or pain from this illness as described by patient"; "Degree of emotional reaction and involvement in this illness." Rating scale items are rated in terms of a 7-point scale ranging from "none" to "extreme." The instrument requires about three to five minutes for completion. Ratings are made by a psychiatrist on the basis of information obtained in an extensive psychiatric interview. Degree (severity) of disability or illness was found to be related negatively to rehabilitation success. Further information and a copy of the scale may be obtained from the author.

THE DEGREE OF DISABILITY AND DENIAL OF ILLNESS RATING SCALE

Correlation of psychologic variables and progress in physical rehabilitation: Degree of disability and denial of illness. Archives of Physical Medicine and Rehabilitation, 1970, 51, 227-233.

Rosillo, Ronald H., & Fogel, M. L., Piersol Rehabilitation Center, Ground Floor, 36th and Spruce Streets, Philadelphia, PA 19104

The Degree of Disability and Denial of Illness Rating Scale is an instrument designed to assess the relationship of degree of disability and denial of illness to subsequent improvement or recovery in physically handicapped patients undergoing rehabilitation treatment. The instrument consists of 10 items on criteria designed to tap degree of and denial of disability. Sample items from the criteria are: "Severity of disability" (degree of incapacitation caused by disability); "Reality of appraisal of recovery potential" (realism of patient's own assessment of his goals); "Influence of emotional reaction in recognition of disability" (effects of emotional responses to disability on recognition or understanding of it); "Degree of discomfort or pain from disability as described by patient." Upon admission to rehabilitation centers, an extensive psychiatric interview was conducted by a psychiatrist at which time each subject was rated on the degree to which each of the 10 criteria applied to him. Ratings were made on the basis of a 7-point scale ranging from "not at all" to "extreme." Upon discharge from the rehabilitation program, the 49 male and 25 female subjects were independently rated on their degree of improvement or recovery. Significantly related to progress in rehabilitation were: "The patient's general physical health"; "Severity of disability"; "Amount of pain or discomfort"; and "Accuracy of appraisal regarding prognosis." Further information and a copy of the rating scale may be obtained from the author.

DISABILITY ATTITUDE SURVEY

Perception of disability by the nondisabled. Journal of Consulting and Clinical Psychology, 1969, 33(6), 654-660.

MacDonald, Alfred P., & Hall, Janet, The Frank Porter Graham Child Development Research Center, The University of North Carolina, Chapel Hill, NC 27514

The Disability Attitude Survey was developed to measure the attitudes toward and perceptions of the seriousness of physical and social disabilities as reported by nondisabled respondents. The instrument consist of a list of 18 disabilities and taps four major classes of disability: a) Internal disorders (e.g., heart condition, diabetes); b) Sensory disorders (e.g., deafness, speech loss); c) Cosmetic disorders (e.g., face scars, amputations); d) Emotional disorders (e.g., depression, withdrawal). Each disability is rated on a 10-point scale ranging from "Completely debilitating" to "hardly or not debilitating at all." Sample items from the survey are: "Amputated leg"; "Blindness"; "Being uneducated"; "A back condition." Subjects are asked to rate the seriousness of each disability assuming that the disabled person is: a) The male head of a family; b) 28 years old; c) A high school graduate; d) Earning a modest income; e) The father of two pre-teenage children. In addition, respondents are asked to rate the seriousness of each disability relative to six different personal and social situations or dimensions: "Vocational"; "Marital"; "Social"; "Parental"; "Familial"; "Personal." The disability scale requires about 15 to 30 minutes for completion and is hand scored. The instrument was administered to a sample of 50 graduate students. Cronbach alpha reliability coefficients for the disability dimensions ranged from .64 to .85. It was found that internal disorders were seen as most serious in vocational situations and cosmetic disorders in parental situations. An experimental application of the scale may be found in MacDonald, A. P., & Hall, J., Internal-external locus of control and perception of disability. Journal of Consulting and Clinical Psychology, 1971, 36(3), 338-343. Further information and a copy of the scale may be obtained from the first author.

DISABILITY SOCIAL DISTANCE SCALE

The hierarchy of preference toward disability groups. The Journal of Special Education, 1970, 4(3), 295-306.

Tringo, John L., School of Education, Boston University, 704 Commonwealth Avenue, Boston, MA 02215

The Disability Social Distance Scale (DSDS) is an instrument designed to measure the degree of social distance with various disability groups perceived by students, professionals, and other disabled and nondisabled subjects. The primary purpose of the instrument is to assess attitudes toward specific disability groups by establishing a hierarchy of preference with respect to these groups. The DSDS is a 9-point scale applied to 21 disabled groups: "Alcoholism"; "Amputee"; "Arthritis"; "Asthma"; "Blindness"; "Cancer"; "Cerebral palsy"; "Deafness"; "Diabetes"; "Dwarf"; "Epilepsy"; "Exconvict"; "Heart disease"; "Hunchback"; "Mental illness"; "Mental retardation"; "Old age"; "Paraplegic"; "Stroke"; "Tuberculosis"; and "Ulcer." The subject is asked to rate each of the 21 disabilities on a 9-point scale of closeness from "would marry" to "would put to death." The extent and hierarchy of social distances felt toward disability groups and the relationship to age, sex, and education can be determined. The instrument can be administered to a group. The procedure takes 15 to 30 minutes. Normative data for college and high school students are available in the source document. Reliability and validity data are reported to be high. To control for response set, the order of the disability groups may be varied randomly. A copy of the instrument is available in the source document. Additional information and a copy of the instrument are also available from the author.

EXPECTATIONS AND ROLE PLACED ON BODY BY PATIENT AND OTHERS

Philadelphia, Piersol Rehabilitation Center, 1968.

Fogel, Max L., Piersol Rehabilitation Center, Ground Floor, Thirty-sixth and Spruce Streets, Philadelphia, PA 19104

Expectations and Role Placed on Body by Patient and Others is an instrument designed to measure the significance placed on physical competence and body functioning by physically disabled patients and their significant others. The instrument was developed so as to investigate the relationship between patient attitudes regarding physical competence and subsequent success in rehabilitation programs. The instrument consists of two parts. Part I taps the patient's attitudes and needs regarding bodily functioning; Part II taps the attitudes of the patient's significant others. Sample items from Part I and II respectively are: "Degree of patient's premorbid physical activity"; "Importance of patient's physical functioning to others." The instrument contains six items and requires about five minutes to complete. The instrument is completed by a psychiatrist who rates each item on the degree to which it applies to the patient by means of a 7-point scale ranging from "none" to extreme." Ratings are made on the basis of an extensive psychiatric interview conducted with the patient. Importance placed on physical activity was found to be related to rehabilitation success. Further information regarding the use of this scale and a copy of the instrument may be obtained from the author.

GENERAL WAYS OF HANDLING STRESS-PREMORBID AND CURRENT

Philadelphia, Piersol Rehabilitation Center, 1968.

Fogel, Max L., Piersol Rehabilitation Center, Ground Floor, Thirty-sixth and Spruce Streets, Philadelphia, PA 19104

General Ways of Handling Stress-Premorbid and Current is an instrument designed to assess levels of ego functioning and stress tolerance in physically ill or disabled patients. The instrument was developed for the purpose of relating various characteristics of patients' ego functioning to their subsequent success in rehabilitation programs. The instrument consists of four sections. Section I consists of three items which tap patient's ego strength. Sample items from Section I are: "Ability to handle stress"; "Ability to recognize and evaluate reality of life problems." Each item is rated on a 7-point scale ranging from "none" to "extreme." Section II taps the psychological and physical ego defense mechanisms used by patients in coping with their disability. Four spaces are provided in which the rating psychiatrist lists the particular defense mechanisms employed (e.g., "denial"). For each defense mechanism listed, the interviewer also rates: 1) The strength of the mechanism, and 2) The frequency of its use by the patient. Ratings as to strength and frequency of use are made in terms of a 7-point scale ranging from "none" to "extreme." Section III consists of three items tapping the nature of patients' interpersonal relations. Sample items are: "Role status in interpersonal relations" (rated in terms of a 7-point dominant-submissive scale); "Use of social situations to escape or deny stress" (rated in terms of a 7-point withdrawal-socialization scale). Section IV consists of two items tapping patients' premorbid needs. A sample item is: "Degree of premorbid need to achieve psychosocial success" (rated on a 7-point none-extreme scale). Ratings are made by a psychiatrist on the basis of information obtained in an extensive psychiatric interview. Further information and a copy of this instrument may be obtained from the author.

THE HANDICAP PROBLEMS INVENTORY

Manual for the handicap problems inventory. Lafayette, IN, Purdue Research Foundation, 1960.

Wright, George N., & Remmers, H. H., N. 492 Presidential Lane, Madison, WI 53711

The Handicap Problems Inventory (HPI) is an instrument designed to assess the perceptions of handicapped subjects regarding the number of problems caused by their disability. The HPI consists of 280 checklist items describing various sorts of psychosocial problems which may result from a person's being physically disabled. Subjects check those problems which they feel they are experiencing as the result of their disability. The HPI separates the total problems into four general areas: 1) Familial; 2) Personal; 3) Social; 4) Vocational. Thus, not only the number, but the kind of problems may be identified and taken into account in rehabilitation programs. The HPI requires about 45 to 60 minutes for completion. It was found that the HPI successfully discriminated between low improvers (those showing less positive results with treatment) and high improvers (those showing high levels of improvement), with low improvers checking more items on the HPI than high improvers. An experimental application of the HPI may be found in Rosillo, R. H., & Fogel, M. L. Emotional support. Psychosomatics, 1970, 11, 194-196. Further information and a copy of the scale may be obtained from M. L. Fogel, Ground Floor, Piersol Building, HUP, 36th and Spruce Streets, Philadelphia, PA 19104.

THE HANDICAP SENTENCE COMPLETION TEST

Philadelphia, Piersol Rehabilitation Center, 1968.

Fogel, Max L., Piersol Rehabilitation Center, Ground Floor, Thirty-sixth and Spruce Streets, Philadelphia, PA 19104

The Handicap Sentence Completion Test is an instrument designed to tap the sentence completions given by handicapped patients receiving rehabilitation treatment. The test was devised as one of many instruments designed to investigate the correlation of psychologic variables (such as patients' level of ego functioning, motivation, affect levels, body image, perceived number of problems caused by handicap, etc.) and progress in physical rehabilitation programs. The instrument consists of 22 items. Sample items from the test are: "My arms. . ."; "I wish I were able to. . ."; "Aside from my disability, my health. . ."; "My job. . ."; "At home. . . ." The instrument requires about 10 to 15 minutes for completion. Responses may be used to identify the kind of problems (i.e., emotional, physical, etc.) being faced by the handicapped subject, so that these may be taken into account in the planning of rehabilitation programs. Further information regarding the applications of this instrument and a copy of the sentence completion test may be obtained from the author.

THE INDIVIDUAL DATA FORM

East Orange, NJ, Veterans Administration Hospital, 1967.

Hirschman, William, Veterans Administration Hospital, Chillicothe, OH 45601

The Individual Data Form is one of a series of instrument developed for the purpose of evaluating a Veterans Administration Restoration Center program in which male veteran patients received medical and psychiatric inpatient rehabilitation services designed to return them to normal levels of functioning within the community. The instrument is designed to tap biographic and symptomatic information on patients participating in the Restoration Center program. The instrument taps information in such areas as medical history, military history, religious and educational background, and psychological attitudes toward disability and treatment. The data form consists of 77 items. Information for ratings is provided by a number of sources, the veteran, hospital records, nursing personnel, staff physicians, and psychologists. Sample items from the data form are: "Age on admission to Restoration Center?"; "Major diagnoses," a) general medical, b) general surgical, c) pulmonary, d) neurological, e) psychiatric; "Level of physical ability," a) limited to living quarters, b) cannot do even light work for more than 2 hours, c) limited to mostly sitting activities, d) moderate limitations precluding strenuous physical activities, e) no limitations. The data form requires about 30 to 40 minutes for completion upon securing the necessary information from hospital sources. Although the data form was designed specifically for use in the Restoration Center program, with appropriate modification the instrument could have broader application. Further information and copies of the rehabilitation program evaluation forms may be obtained from the author.

NMZ SCALE OF VOCATIONAL REHABILITATION POTENTIAL

A comparative study of methods used in evaluating vocational rehabilitation potential. Personnel and Guidance Journal, 1961, 39, 286-288.

Novis, Frederick W., Marra, J. L., Rosse, A. A., & Tooles, W. B., 34 Seneca Road, West Hartford, CT 06117

The NMZ Scale is an instrument designed to measure vocational rehabilitation potential through the appraisal and rating of data on the following factors: medical, age, occupation, and education. The instrument was designed to assist in the screening of Social Security disability cases for referral to vocational rehabilitation. For each of the four variables used in the screening process, a rating from one to four is assigned. Detailed information on the scoring can be obtained from: Novis, F. W., Marra, J. L., & Zadrozny, L. J. Quantitative measurement in the initial screening of rehabilitation potential. Personnel and Guidance Journal, 1960, 38, 262-269. Reliability and validity data are also given in that article as well as in the source document. The scale separates rehabilitation cases into three groups: 1) Clear screen in (cases where potential clearly warrants additional assessment by rehabilitation counselors including personal interview); 2) Clear screen out (cases where potential is so low that rehabilitation efforts are contraindicated); 3) Borderline (cases where potential is borderline and decisions require further examinations). Additional research has been done with a revised NMZ Scale applied to mental cases. A copy of the scale may be obtained from the author.

THE PATIENT RATING FORM
Philadelphia, Piersol Rehabilitation Center, 1968.

Fogel, Max L., Piersol Rehabilitation Center, Ground Floor, Thirty-sixth and Spruce Streets, Philadelphia, PA 19104

The Patient Rating Form is an instrument designed to tap the physical, emotional, psychosocial, familial, and vocational effects of their disability on physically handicapped patients undergoing rehabilitation treatment. The rating form is one of many instruments designed to investigate the correlation between psychologic variables (e.g., denial of illness, affect levels, body image, ego functioning, etc.) and progress in physical rehabilitation programs. The instrument consists of 30 items. Sample items from the rating form are: "Of the things I could do before my disability I can now do. . ."; "I feel sad or depressed about my physical problems"; "The amount of hopefulness I feel about the future is. . ."; "My family is helping me emotionally"; "My appearance since my illness bothers me. . . ." Subjects are asked to complete or rate the sentence by checking one of the points along a 7-point scale. Scale end points vary from item to item, e.g., "not at all" to "extremely," "none" to "all," "never " to "all of the time." The present instrument may be used to tap special problem areas (e.g., physical, social, emotional, etc.) and to tap progress in such areas with treatment. Further information and a copy of the instrument may be obtained from the author.

THE PREVIOUS ILLNESS RATING SCALE
Philadelphia, Piersol Rehabilitation Center, 1968.

Fogel, Max L., Piersol Rehabilitation Center, Ground Floor, Thirty-sixth and Spruce Streets, Philadelphia, PA 19104

The Previous Illness Rating Scale is an instrument designed to assess the occurrence, severity, duration, and effects of previous illness on presently disabled patients. The instrument was designed for the purpose of investigating the relationship between previous illness (or general health status) and patients' progress in rehabilitation programs attempting to treat a current disability or illness. The instrument consists of eight open-ended and rating scale items. Sample open-ended items are: "Length of previous illness including recovery?"; "Estimate of typical required total period of illness and recovery judged by hospital averages?" Sample rating scale items are: "Residual emotional damage or toll from this illness"; "Degree of discomfort or pain from this illness as described by patient"; "Severity of disability" (or illness). Rating scale items are responded to in terms of a 7-point scale ranging from "none" (or "not at all") to "extreme." The instrument requires about 5 to 10 minutes for completion. Ratings are made by a psychiatrist on the basis of information obtained in an extensive psychiatric interview. Patients' general physical health, as assessed by ratings on the present scale and ratings on a similar scale, (The Current Illness Rating Scale developed by the present author) were found to be significantly related to patients' rehabilitation progress. Further information and a copy of the scale may be obtained from the author.

THE RESTORATION CENTER FOLLOW-UP QUESTIONNAIRE
East Orange, NJ, Veterans Administration Hospital, 1967.

Hirschman, William, Veterans Administration Hospital, Chillicothe, OH 45601

The Restoration Center Follow-Up Questionnaire is one of a series of instrument developed for the purpose of evaluating a Veterans Administration Restoration Center program in which male veteran patients received medical and psychiatric inpatient rehabilitation services designed to return them to normal levels of functioning within the community. The interview is designed to provide follow-up information on patients' physical, occupational, and emotional condition, with the aim of evaluating the success of the restoration program. The questionnaire is mailed to veterans living in the community who have been released from Restoration Center treatment programs. The questionnaire consists of 12 yes-no and open-ended questions. Sample items from the questionnaire are: "Is it hard to do the everyday activities that you have to, or like to do, because of your health or physical limitations?"; "Do you find other people hard to get along with?"; "Are you in a cheerful frame of mind most of the time?"; "Have you been a patient in a hospital at any time since leaving the Restoration Center?"; "On the whole, did the Restoration Center help you to become better able to make a good life for yourself?" The questionnaire requires 10 to 15 minutes for completion. Addressed and stamped envelopes are enclosed to provide for the return of the questionnaires. Although constructed for the specific purpose of evaluating the Restoration Center program, with appropriate modification the questionnaire could have broader application. Further information and copies of the rehabilitation program evaluation forms may be obtained from the author.

THE RESTORATION FOLLOW-UP INTERVIEW SCHEDULE

East Orange, NJ, Veterans Administration Hospital, 1967.

Hirschman, William, Veterans Administration Hospital, Chillicothe, OH 45601

The Restoration Follow-Up Interview Schedule is one of a series of instrument developed for the purpose of evaluating a Veterans Administration Restoration Center program in which male veteran patients received medical and psychiatric inpatient rehabilitation services designed to return them to normal levels of functioning within the community. The interview is designed to provide follow-up information on the physical and psychological condition of veterans receiving restoration services, with the aim of evaluating the success of the program. It is designed for personal interview following the return of the previously mailed Follow-Up Questionnaire. It requests more detailed information concerning the questions previously answered in the mailed questionnaire and is intended for quantification on an item by item basis. The interview consists of one checklist and 10 open-ended items. The checklist item consists of a vertical checklist of 22 activities (e.g., socializing, driving, reading, working, dancing, sex, etc.) and a horizontal checklist of six "barriers" preventing the respondent from participating in the activities (e.g., physical barriers, economic barriers, psychological barriers, etc.). The interviewer is to place a check indicating the activity and "barrier" to that activity reported by the respondent. Sample open-ended items from the interview are: "Have you visited or been visited by friends or relatives as often as you would like?"; "Have you been employed since leaving the Restoration Center?"; "Do you get enough income to make ends meet?"; "Have you been a patient in a hospital at any time since leaving the Restoration Center?"; "On the whole, did the Restoration Center help you to become better able to make a good life for yourself?" The interview requires about 30 to 60 minutes to administer. Although the interview was constructed for the specific purpose of evaluating the Restoration Center program, with appropriate modification it could have broader application. Further information and copies of the rehabilitation program evaluation forms may be obtained from the author.

THE RESTOREE EVALUATION FORM

East Orange, NJ, Veterans Administration Hospital, 1967.

Hirschman, William, Veterans Administration Hospital, Chillicothe, OH 45601

The Restoree Evaluation Form is one of a series of instrument developed for the purpose of evaluating a Veterans Administration Restoration Center program in which male veteran patients received medical and psychiatric inpatient rehabilitation services designed to return them to normal levels of functioning within the community. The Restoree Behavior Evaluation Form is intended to provide an index of patients' behavioral adjustment as reflected by the quality of participation in rehabilitation activity programs. The rating form consists of 14 items or indices of behavioral adjustment. Each item is rated in terms of different scaled response options reflecting a continuum of adjustment from complete to minimal. Also included are a number of yes-no items. Sample items from the form are: "Personal appearance, a) poor, b) satisfactory, c) very good"; "Emotional state after participation, a) very angry or depressed, b) moderately annoyed or saddened, c) not noticeably affected, d) moderately cheerful or pleased, e) very positively stimulated"; "Dependability in attending activity, a) yes, b) no"; "Anticipation of activity, a) strong distaste and aversion, b) would prefer not to attend, c) can take it or leave it, d) mildly interested in attending, e) very eager to attend." Rating forms are completed by rehabilitation personnel and require about 10 to 15 minutes for completion. Although constructed for the specific purpose of evaluating the Restoration Center program, with appropriate modification the rating form could have broader application. Further information and copies of the rehabilitation program evaluation forms may be obtained from the author.

THE SOUND TEST

Auditory perception and personality patterns of blind adults. *Journal of Projective Techniques and Personality Assessment*, 1964, 28(3), 284-292.

Palacios, May, Psychology Department, Ball State University, Muncie, IN 47306

The Sound Test is an instrument designed to measure the auditory perceptual process. The instrument is intended for use with blind subjects and is designed primarily for determining the differences in the auditory perceptual process in field dependent and field independent blind subjects. The Sound Test is an auditory projective technique consisting of 15 sound segments depicting human and mechanical interaction sounds common to everyday life. The subjects were asked to respond verbally to each of the sound segments. Their responses were recorded verbatim. Sample sound segments (as defined in terms of their physical components) are: "Water"; "Music"; "Bell or clock striking"; "Crowd of people"; "Man calling help"; "Crowd cheering"; "Woman humming"; and "Baby crying." The responses are then scored along six major categories, units of thought, concept formation, parts of the sound responses to, integration, manner of verbalization, and identification. Interjudge reliability was reported to be .83. Validity data utilizing the criteria of job hierarchy, employment groups, and intelligence are available in the administration and scoring guide. The instrument is individually administered. To date, the major applications have been in predicting the vocational achievement of blind adults. A copy of the guide and the instrument are available from the author.

WORD MEANING TEST
Cleft Palate Journal, 1967, 165-173.

Clifford, Edward, Medical Center, Duke University, Durham, NC 27706

The Word Meaning Test is comprised of 26 concepts to which the subject responds on nine dimensions. Each dimension is scaled from one to seven. The 26 concepts are: "Summer"; "Father"; "Leg"; "Nose"; "Illness"; "Lips"; "Allergy"; "Face"; "Headache"; "Girl"; "Amputation"; "Health"; "Career"; "Me"; "Mumps"; "Cripple"; "Teeth"; "Death"; "Arm"; "Cleft palate"; "Hand"; "Boy"; "Mouth"; "Asthma"; "Cleft lip"; "Mother." The nine dimensions are: "Hard-soft"; "Dirty-clean"; "Still-moving"; "Good-bad"; "Strong-weak"; "Awful-nice"; "Fast-slow"; "Small-large"; "Dull-sharp." For example, the subject is asked to rate on a one to seven scale the concept of summer on each of the nine dimensions. Further information and a copy of the instrument are available from the author.

WORKSHOP SCALE
The revised scale of employability: An application of Taylor's rating scale construction technique. Washington DC, American Psychological Association, 1970.

Bolton, Brian, 1 South Franklin Street, Chicago, IL 60606

The Revised Scale of Employability Workshop Scale is an instrument designed to assess the potential employability of mentally, physically, and emotionally handicapped persons who are clients of rehabilitation workshops. The scale is intended for use by the foreman of a prospective employee in the context of a vocational adjustment workshop. The workshop scale consists of five pages. The first four pages represent scales to rate four factor-analytically derived dimensions of job competence: 1) Attitudinal conformity to work role; 2) Maintenance of quality; 3) Acceptance of work demands; 4) Interpersonal security. The ratings are based on continuous 100-point scales which are anchored for each dimension by nine descriptions or vignettes which define the scale. The rater is instructed to read the vignettes carefully and to decide where the client fits in among the various vignettes on the scale. The fifth page requires global assessment of the dimension speed of production. Average rate of production and estimated quality are assessed. The revised Workshop Scale was developed through factor analytic procedures which were applied to the original Scale of Employability. Using the factored clusters, Taylor's (1968) scaling method was applied to produce the revised workshop scale. Reliability and validity data and results of the factor analysis are reported in the source document. References to Taylor's method and to the original scale are also available in that document. A copy of the instrument is available from the author.

RACIAL ATTITUDES

ANTI-NEGRO SCALE

Prejudice and other attitudes among black and white teachers. Houston, Houston Baptist College, 1970.

Robinson, Jerry W., Department of Sociology, Houston Baptist College, 7502 Fondren Road, Houston, TX 77036

The Anti-Negro Scale is an instrument designed to measure the prejudical attitudes of white respondents towards Negroes. The original version of this scale and its counterpart instrument, Anti-White Scale, were developed by G. Steckler (Authoritarian ideology in Negro college students. Journal of Abnormal Psychology, 1957, 54, 396-399). The Anti-Negro Scale was employed by the author in conjunction with a large battery of scales designed to measure prejudicial attitudes in white teachers. The battery of scales was used specifically with white and Negro teachers for the purpose of assessing the effects of a desegregation training program on the racial attitudes of participating teachers. Desegretation training consisted of lectures by nationally known authorities and local college professors, seminars, films, discussions, etc. The Anti-Negro Scale was administered to white teachers participating in the desegregation program as well as to a random sample of white teachers from the same schools, with the aim of comparing the racial attitudes of participant and nonparticipant teachers. The scale consists of 16 items. Sample items from the scale are: "One reason why racial prejudice still exists today is the fact that many Negroes are dirty, loud, and generally offensive in their ways"; "Too many Negroes, when they get a little money, spend it all on whiskey, flashy cars, or expensive clothes"; "Negroes would solve many of their social problems if so many of them were not irresponsible, lazy, and ignorant." Respondents are asked to rate each item in terms of four response alternatives from "agree" to "strongly disagree." The coefficient of internal consistency for the scale was estimated to be .93. Further information and a copy of the project summary contained the scale may be obtained from the author.

ANTI-WHITE SCALE

Prejudice and other attitudes among black and white teachers. Houston, Houston Baptist College, 1970

Robinson, Jerry W., Department of Sociology, Houston Baptist College, 7502 Fondren Road, Houston, TX 77036

The Anti-White Scale is an instrument designed to measure the prejudicial attitudes of Negro respondents toward whites. The original version of this scale and its counterpart instrument, the Anti-Negro Scale, were developed by G. Steckler (Authoritarian ideology in Negro college students. Journal of Abnormal Psychology, 1957, 54, 396-399. The Anti-White Scale was employed by the authors in conjunction with a large battery of scales designed to measure racial attitudes in Negro teachers. The battery of tests was used specifically with Negro and white teachers for the purpose of assessing the effects of a desegregation training program on the racial attitudes of participating teachers. Desegretation training consisted of lectures by nationally known authorities and local college professors, seminars, films, discussions, etc. The Anti-White Scale was administered to Negro teachers participating in the desegregation program, as well as to a random sample of Negro teachers from the same schools, with the aim of comparing the racial attitudes of participant and nonparticipant teachers. The scale consists of 14 items. Sample items from the scale are: "There is nothing lower than white trash"; "The whites have shown by their actions that they are naturally immoral, vicious, and untrustworthy"; "The colored race has been pushed around long enough, it's about time that whites are made to get out of the Negro communities." Respondents are asked to rate each item in terms of four response alternatives from "agree" to "strongly disagree." The coefficient of internal consistency for the scale was estimated to be .93. Further information and a copy of the project summary containing the scale may be obtained from the author.

ATTITUDE-BEHAVIOR SCALE: BLACKS/WHITES OR WHITES/BLACKS

East Lansing, Michigan State University, 1972.

Jordan, John E., College of Education, Michigan State University, East Lansing, MI 48823

The Attitude-Behavior Scale: Blacks/Whites or Whites/Blacks is an instrument designed to measure attitudes and behaviors relative to interracial interaction. The instrument is based on an application of the Guttman facet theory and is designed primarily to show the utility of the facet theory approach to attitude scale construction. Some of the findings from the scale are: "Blacks and whites differ markedly in the positiveness of their racial attitudes depending on the content area of the attitude"; "Blacks and whites are more alike in their attitudes toward education and less alike on law and order, housing, and political activism"; "Urbanity (rural versus city) affects positiveness of racial attitudes, city being more positive;" "Amount of contact per se leads to greater intensity of attitudes but does not produce favorableness of attitudes unless accompanied by enjoyment of the contact as well as perceived voluntariness of the contact." Cross-cultural information of the scale is contained in: Hamersma, P., & Jordan, J. Construction of a Guttman facet designed cross-cultural attitude-behavior scale toward racial-ethnic interaction. Educational and Psychological Measurement, 1973, in press. A copy of the instrument and information regarding its use in cross-cultural research are available from the author.

ATTITUDE TOWARD PEOPLE OF THE OTHER RACE IN HYPOTHETICAL SITUATIONS

Prejudice and other attitudes among black and white teachers. Houston, Houston Baptist College, 1970.

Robinson, Jerry W., Department of Sociology, Houston Baptist College, 7502 Fondren Road, Houston, TX 77036

Attitude Toward People of the Other Race in Hypothetical Situations is a scale designed to measure the behavioral component of attitudes toward traditional ideals, i.e., how the traditional ideals which persons verbally endorse are applied in real life situations. This scale is an adaptation from previous work by Frank R. Westie (The American Dilemma: An empirical test. American Sociological Review, 1964, 4, 527-538). Westie developed two scales for measuring and comparing the cognitive (or verbal) and behavioral aspects of such traditional attitudes. The present scale is used for the purpose of assessing the behavioral application of traditional ideals in practical situations dealing with persons of the Negro race. A second accompanying scale, Commitment to Traditional American Ideals, is designed to measure persons' attitudes, i.e., what they say and feel regarding such traditional ideals. A comparison of the differences between the scales provides an empirical indication of the extent to which respondents "practice what they preach." The two scales are part of a large battery of tests designed to measure racial attitudes in Negro and white teachers. The scales were used specifically for the purpose of assessing the effects of a desegregation training program on the racial attitudes of participating teachers. The battery of tests was administered to Negro and white teachers participating in the desegregation training, as well as to a random sample of teachers from the same schools with the aim of comparing the racial attitudes of participant and nonparticipant teachers. The battery of tests was administered to Negro and white teachers participating in the desegregation training, as well as to a random sample of teachers from the same schools with the aim of comparing the racial attitudes of participant and nonparticipant teachers. The present scale consists of six items. Sample items are: "I would be willing to have a Negro (or white) as my supervisor in my place of work"; "If a Negro's (or white's) home burned down, I would be willing to take his family into my home for a night"; "I would be willing to invite Negroes (or whites) to a dinner party in my home." The coefficient of internal consistency for the scale was computed to be .95. Further information and a copy of the project summary containing the scale may be obtained from the author.

ATTITUDE TOWARD SCHOOL INTEGRATION

Prejudice and other attitudes among black and white teachers. Houston, Houston Baptist College, 1970.

Robinson, Jerry W., Department of Sociology, Houston Baptist College, 7502 Fondren Road, Houston, TX 77036

Attitude Toward School Integration is an instrument designed to measure the attitudes of Negro and white teachers toward certain aspects of school and racial integration. The instrument is part of a large battery of tests designed to investigate the interracial attitudes and prejudicial dispositions of Negro and white respondents. The battery of instruments was used specifically with Negro and white teachers for the purpose of assessing the effects of a desegregation training program on teachers' racial attitudes. Desegregation training consisted of such things as lectures by nationally known authorities and local college professors, seminars, films, group discussions, etc. The instrument consists of six items. Sample items from the scale are: "It is better if a child keeps to playmates of the same religious background as his own"; "It would be better all around if white children in Houston had swimming pools for themselves"; "It is wrong to bus children across neighborhood boundaries in order to maintain segregated schools." Respondents are asked to rate each item in terms of four response alternatives from "strongly agree," to "disagree." This instrument and the tests accompanying it as part of the project were administered to teachers from the same schools, with the aim of comparing the racial attitudes of participant and nonparticipant teachers. The coefficient of internal consistency for this instrument has been estimated to be .61. Further information and a copy of the project summary containing the scale may be obtained from the author.

ATTITUDE TOWARD SEGREGATION

Prejudice and other attitudes among black and white teachers. Houston, Houston Baptist College, 1970.

Robinson, Jerry W., Department of Sociology, Houston Baptist College, 7502 Fondren Road, Houston, TX 77036

Attitude Toward Segregation is an instrument designed to measure respondent's attitudes toward racial segregation. The instrument was developed by Rosenbaum, M. E., & Zimmerman, I.A. The effect of external commitment on response to an attempt to change opinion. Public Opinion Quarterly, 1959, 23, 247-254. It was adapted by the authors to apply to both Negro and white respondents. The instrument is part of a large battery of tests designed to investigate the interracial attitudes and prejudiced dispositions of Negro and white respondents. The battery of instruments was used specifically with Negro and white teachers for the purpose of assessing the effects of a desegregation training program on the racial attitudes of participant teachers. Desegregation training included such things as lectures by nationally known authorities and local college professors, seminars, films, group discussions, etc. The scale consists of 23 items. Sample items from the instrument are: "Racial segregation is an effective and practical social arrangement which has no serious effect on the vitality of democratic ideals"; "The end of segregation would bring a continuing increase in social conflict and violence"; "Desegregation will lead to a permanent lowering of standards in the public schools." Respondents are asked to rate each of the statements in terms of four response alternatives from "agree," to "strong disagree." The instrument was administered to teachers participating in the desegregation program as well as to a random sample of control teachers from the same schools with the aim of comparing the racial attitudes of participant and nonparticipant teachers. The coefficient of internal consistency for the instrument has been estimated to be .87. Further information and a copy of the project summary containing the scale may be obtained from the author.

ATTITUDE TOWARD THE COMMUNITY

Prejudice and other attitudes among black and white teachers. Houston, Houston Baptist College, 1970.

Robinson, Jerry W., Department of Sociology, Houston Baptist College, 7502 Fondren Road, Houston, TX 77036

Attitude Toward the Community is an instrument designed to measure the attitudes of Negro and white teachers toward the community and its leaders. The instrument is part of a large battery of tests designed to investigate the interracial attitudes and prejudicial dispositions of Negro and white respondents. The battery of instruments was used specifically with Negro and white teachers for the purpose of assessing the effects on racial attitudes of a desegregation training program which included lectures by nationally known authorities and local college professors, seminars, films, group discussions, etc. Attitude Toward the Community investigates racial attitudes as these are reflected in a satisfaction with the status quo, with the underlying assumption that such a satisfaction would extend to a sanction of longstanding racial segregation and discrimination. The scale consists of eight items. Sample items from the scale are: "During the past year the leaders of Houston have done everything in their power to provide equal job opportunities"; "The leaders of Houston place too much emphasis on tradition"; "During the past year the leaders of Houston have done everything in their power to provide educational opportunities." Respondents are asked to rate each of the items in terms of the following four alternatives from "strongly agree," to "strongly disagree." The instrument was administered to teachers participating in the desegregation program as well as to a random sample of control teachers from the same schools, with the aim of comparing the racial attitudes of participant and nonparticipant teachers. The authors report a high degree of internal consistency, with a reliability coefficient of .85 obtained for the test. Further information and a copy of the project summary containing the test may be obtained from the author.

ATTITUDE TOWARD THE SCHOOL DISTRICT

Prejudice and other attitudes among black and white teachers. Houston, Houston Baptist College, 1970.

Robinson, Jerry W., Department of Sociology, Houston Baptist College, 7502 Fondren Road, Houston, TX 44036

Attitude Toward the School District is an instrument designed to measure teachers' attitudes toward public schools. The instrument is part of a large battery of tests designed to investigate interracial attitudes and prejudicial tendencies of Negro and white respondents. The battery of scales was used specifically with Negro and white teachers for the purpose of assessing the effects of a desegregation training program on the racial attitudes of participant teachers. Desegregation training consisted of lectures by nationally known authorities and local college professors, seminars, films, discussions, etc. Attitude toward the School District investigates prejudicial dispositions in teachers as these are reflected or manifested in attitudes toward the public school system. The scale consists of 11 items. Sample items from the scale are: "The Houston school system employs teachers regardless of race or ethnic background"; "Federal legislation is the only reason we have school integration in Houston"; "Opportunities for advancement are available to everyone who qualifies for them. Respondents are asked to rate each item in terms of four response alternatives from "strongly agree," to "strongly disagree." The scale was administered to teachers participating in the desegregation training program, as well as to a random sample of teachers from the same schools, with the aim of comparing the racial attitudes of participant and nonparticipant teachers. The degree of internal consistency for the test has been computed to be .89. Further information and a copy of the project summary containing the scale may be obtained from the author.

THE BEHAVIORAL INTENTIONS QUESTIONNAIRE

Field guide for the study of aspects of subjective culture. Technical Report No. 4, HEW Grant RD-2841-G, July 1970.

Triandis, Harry C., & Malpass, Roy S., Department of Psychology, University of Illinois, Champaign, IL 61801

The Behavioral Intentions Questionnaire is an instrument designed to measure how subjects intend to behave toward significant persons in the social environment. The questionnaire is part of a series of instructions designed for use with economically disadvantaged white and black male youths and chronically unemployed blacks. The purpose of the questionnaire is to collect information regarding the characteristic ways in which the economically disadvantaged perceive their social environment and to identify the sorts of social perceptions that are related to chronic unemployment among the poor. The Behavioral Intentions Questionnaire consists of 27 items, each of which depicts different stimulus persons, such as teachers, black policemen, black professionals, hustlers, white foremen, etc. Stimulus persons were developed from an analysis of relevant literature, and final selection was made by several black psychologists and black college students on the basis of those stimulus persons deemed to be significant to ghetto residents. Below each stimulus person are listed a number of behaviors or activities which might be directed toward the stimulus person such as, help, go out with, trust, respect, criticize, stay away from. Subjects are asked to rate the degree to which each behavior reflects how they most probably would behave towards the stimulus person. Ratings are made by placing a number from "0" to "9" beside each behavior, with a rating of "0" representing "never do" and a rating of "9" representing "always do." Concurrent validity across the various social perception questionnaires has been observed. Reliability coefficients in the high .80 range have also been obtained. Due to the specific nature of the project, copies of the questionnaires are not available. However, information regarding the development and use of comparable procedures may be obtained from the author.

BEHAVIOR PATTERNS WITH PEOPLE OF THE OTHER RACE
Prejudice and other attitudes among black and white teachers. Houston, Houston Baptist College, 1970.

Robinson, Jerry W., Department of Sociology, Houston Baptist College, 7502 Fondren Road, Houston, TX 77036

Behavior Patterns With People of the Other Race is a scale designed to identify the occurrence of behaviors in respondents which are indicative of prejudicial dispositions. The scale was originated by Rosander (1937) but was revised by the author to measure the interracial behaviors of both Negro and white respondents. The scale was used specifically with Negro and white teachers for the purpose of assessing the effects of a desegregation training program on the racial attitudes of participating teachers. Desegregation training included lectures by nationally known authorities and local college professors, seminars, films and discussions dealing with the social, psychological, economic and political foundations of racial discrimination. The scale was administered to teachers participating in the desegregation training program as well as to a random sample of nonparticipant teachers from the same schools, with the intention of investigating differences in the prejudicial attitudes of participant and nonparticipant teachers. The scale consists of 22 items. Scale items consist of descriptions of various interracial situations and behaviors which might be displayed by persons participating in such situations. Sample items are: "In the community where you live a Negro (or white) marries a white (or Negro) girl"; "You fight for the maintenance of the color line"; "A Negro (or white) family moves into the apartment building in which you live, you treat them coolly"; "A Negro (or white) is placed in the same department with you so that you have to associate with him every day, you act friendly toward him." Respondents are asked to place a check by those items which correctly describe their probable reactions to the situations depicted, and an X by those items which describe actions which they would not take. Further information and a copy of the project summary containing the scale may be obtained from the author.

COMMITMENT TO TRADITIONAL AMERICAN IDEALS
Prejudice and other attitudes among black and white teachers. Houston, Houston Baptist College, 1970.

Robinson, Jerry W., Department of Sociology, Houston Baptist College, 7502 Fondren Road, Houston, TX 77306

Commitment to Traditional American Ideals is an instrument designed to measure the attitudes of people toward traditional ideals and compare these attitudes with persons' behavioral applications of the traditional ideals they endorse. This scale is an adaptation from previous work by Frank R. Westie (The American dilemma: An empirical test. American Sociological Review, 1964, 4, 527-538). Westie developed two scales for measuring and comparing the cognitive and behavioral aspects of such traditional attitudes. The present scale is used for the purpose of assessing the cognitive component, or what persons say and feel regarding traditional ideals as applied in real life situations. A comparison of the differences between the scales provides an empirical indication of the extent to which respondents "practice what they preach." The two scales are part of a large battery of tests designed to measure racial attitudes in Negro and white teachers. The scales were used specifically for the purpose of assessing the effects of a desegregation training program on the racial attitudes of participating teachers. The battery of tests was administered to Negro and white teachers participating in the desegregation program, as well as to a random sample of teachers from the same schools, with the aim of comparing the racial attitude of participant and non-participant teachers. The present scale consists of six items. Sample items are: "Everyone in America should have equal opportunities"; "I believe in the principle of brotherhood among men"; "Under our democratic system, people should be allowed to live where they please if they can afford it." The coefficient of internal consistency for the scale was computed to be .92. Further information and a copy of the project summary containing the scale are available from the author.

ETHNIC INTERACTION INVENTORY
Pullman, Washington State University, 1972.

McDougall, William, Department of Education, Washington State University, Pullman, WA 99163

The Ethnic Interaction Inventory is an instrument designed to measure attitudes toward and willingness to interact with ethnic groups other than one's own. The instrument is intended for use with secondary school aged children and teenagers and is designed primarily as a social distance index. The inventory consists of 30 items of the Likert type. Each item is a statement concerning perception of behavior of beliefs about different ethnic groups. Respondents answer on a 6-point scale of agreement-disagreement. Sample items are: "I would like to be asked for a date by a student of a different ethnic group"; "I would like to have a student of a different ethnic group as a locker partner." The instrument is self-administered in approximately 10 minutes. Response set control consists of both positively and negatively directed stem statements. To date, the major application of the instrument has been in a research program with the Tacoma, Washington Schools. A copy of the instrument is available from the author.

PRESCHOOL RACIAL ATTITUDE MEASURE II

Technical report number one. North Carolina, Wake Forst University, 1971.

Williams, John E., Department of Psychology, Wake Forest University, Winston-Salem, NC 27109

The Preschool Attitude Measure II is an instrument designed to measure racial preferences in white and Negro preschool children. The instrument also includes a number of items designed to measure childrens' knowledge of stereotyped sex roles. Sex role items provide a useful measure of general conceptual development in preschool age subjects. The present form of the PRAM is an expanded and improved version of an original instrument of similar format and purpose. PRAM II consists of 26, 8" by 10" color photographs with 36 accompanying stories describing various characters portrayed in the pictures. Twenty-four of the photographs are designed to tap racial orientations and the remaining 12 are designed to tap sex role conceptions. Racial items consist of pictures of two individuals (children, teenagers, young adults, and old adults) who are essentially identical with the exception of skin color, one figure having fair skin and the other having brown skin. Twelve of the stories accompanying the pictures describe the character in terms of positive adjectives such as clean, happy, pretty, nice, right, smart, etc. The remaining 12 stories describe the character in terms of negative adjectives such as dirty, sad, ugly, cruel, wrong, stupid, etc. The child is shown the picture depicting the two figures of different race and asked to point to the figure to which the statement read by the experimenter refers. A sample racial attitude item is: "Here are two little girls. Everyone says that one of them is pretty. Which is the pretty girl?" Thus, the child must select the white or Negro figure as representative of positive or negative qualities. Also included are sex role items which depict male and female figures of the same race and age level. For half of the sex role items the two figures are fair-skinned, for the other half they are dark-skinned. The 12 sex role stories are based on traditional sex typed activities such as "who washes dishes, who fixes cars," etc. The child picks which of the figures, male or female, participates in the activity described. The test was given to 272 North Carolina preschool children, and a definite pro-Caucasian, anti-Negro bias was observed for both groups. Internal consistency for racial items was .80. One year retest of just racial items, just sex role items, and both items combined resulting in a stability coefficient of .55. Further information and a copy of the instrument may be obtained from the author.

PREVIOUS BEHAVIOR PATTERNS WITH PEOPLE OF THE OPPOSITE RACE

Prejudice and other attitudes among black and white teachers. Houston, Houston Baptist College, 1970

Robinson, Jerry [illegible], Department of Sociology, Houston Baptist College, 7502 Fondren Road, Houston, TX 77036

Previous Behavior Patterns With People of the Opposite Race is a scale designed to measure interracial attitudes or prejudicial dispositions in Negro and white respondents. The instrument is part of a large battery of tests designed for use with Negro and white teachers for the purpose of assessing the effects of a desegregation training program on the racial attitudes of participant teachers. Desegregation training consisted of lectures by nationally known authorities and local college professors, seminars, discussions, films, etc. The scale was administered to teachers participating in the desegregation program, as well as to a random sample of teachers from the same schools, with the aim of comparing the racial attitudes of participant and nonparticipant teachers. The scale consists of 12 items. Scale items consist of interrogative statements describing various interracial situations, followed by five alternative answers to the questions from which the respondent must choose the one that best describes his attitudes. The five alternative responses provided after each question represent varying degrees of racial prejudice. Alternative answers to items are given values ranging from "1" to "5", with least prejudicial answers receiving a value of "5" and most prejudicial answers receiving a value of "1". Sample items from the scale are: "Can you recall actual cases where Negroes (or whites) in public places seemed to be looking for trouble?"; "Have you ever permitted Negroes (or whites) to come into your home for friendly visits?"; "Have you ever had trouble with Negroes (or whites) because you thought they were getting out of their place?" The coefficient of internal consistency for this scale has been computed to be .64. Further information and a copy of the project summary containing the scale may be obtained from the author.

PROBLEM-SOLVING TEST

Effects of racial violence on interracial prejudice. Final report, NIMH Grant MH-15957-01, 1971.

Thune, Jeanne, 1801 Broadway, Nashville, TN 37203

The Problem-Solving Test is a social distance scale designed to measure three aspects of racial attitudes -- belief, hypothesized behavior, and actual behavior. The belief scale assesses opinion as to interracial equity and interaction that should exist within a number of institutions; the hypothesized behavior scale measures willingness to interact within specific interracial situations; the behavior scale measures what one has actually done within these situations. The test is intended for use with all age level adults and a teenage form is available. Comparable forms exist for black and white subjects. The test was constructed on the basis of previous social distance scales (Bogardus, 1928, Triandis, 1967) and attempts to assess racial prejudice as a multidimensional rather than unidimensional phenomenon. Validation was established through extensive interview protocols which independently assessed degree of prejudice. The test consists of three separate parts. Part I, the revised social distance scale, consists of 14 items each of which represents a hypothetical interracial situation. Each item is followed by four alternative ways of responding to that situation. A sample item (white form) is: "A young relative is staying for two weeks and asks permission to invite a Negro playmate to spend the night." Part II consists of seven items with a dichotomous "yes" or "no" response option which measures reported behavior of subject in integrated situations. A sample item is: "Have you ever invited a Negro to a party at your home?" Part III measures belief as to what interracial conditions should prevail. Part III contains seven items with forced choice ("yes," "no," "undecided") responses. The test is self-administered in 15 to 30 minutes and is hand scored. Reliability, validity, and normative data as well as a copy of the instrument are available from the author.

STEREOTYPING

Prejudice and other attitudes among black and white teachers. Houston, Houston Baptist College, 1970.

Robinson, Jerry W., Department of Sociology, Houston Baptist College, 7502 Fondren Road, Houston, TX 77036

Stereotyping is an instrument designed to measure the extent to which individuals hold stereotypic racial attitudes. The scale, originated by Robin Williams, (*Strangers next door*. Englewood Cliffs, NJ: Prentice Hall, 1964) was adapted by the author for use in conjunction with a large battery of tests designed to measure prejudical dispositions in Negro and white teachers. The battery of scales, including the present instrument, was used specifically with Negro and white teachers for the purpose of assessing the effects on racial attitudes of a desegregation training program consisting of lectures by nationally known authorities and local college professors, seminars, films, discussions, etc. The stereotypes scale was administered to teachers participating in the desegregation program as well as to a random sample of teachers from the same schools, with the aim of comparing the racial attitudes of participant and nonparticipant teachers. The scale consists of four items: "This country would be better off if there were not so many foreigners here"; "Generally speaking, Negroes are lazy and ignorant"; "Although some Jews are honest, most Jews are dishonest in their business dealings"; "Americans must be on guard against the power of the Catholic Church." Respondents are asked to rate each item in terms of four response alternatives from "strongly agree," to "strongly disagree." Internal consistency as measured by the Kuder-Richardson Formula 20 was .67. Further information and a copy of the project summary containing the instrument are available from the author.

SYMPATHETIC IDENTIFICATION WITH THE UNDERDOG

The Public Opinion Quarterly, 1963, 27, 230-241.

Schuman, Howard, & Harding J., 846 West Foothill Boulevard, Upland, CA 91786

Sympathetic Identification With The Underdog is an instrument designed to measure subjects' capacity for sympathetic identification. The instrument consists of simple stories involving several ethnic groups designed to elicit sympathy from the reader. The authors propose that the present instrument allows for the measurement of a unique dimension of sympathetic identification which has a low relationship to other standard measures of prejudice. Although the instrument deals with ethnic minorities, the authors suggest that the instrument measures a dimension which is related to many types of social underdogs. In a study investigating attitudes toward disabled college students (Urie, R. M., & Smith, A. H. The effects of peer contact on attitudes toward disabled college students. *Journal of Applied Rehabilitation Counseling* 1970, 1(4), 24-32) attitudes toward the underdog as measured by the present instrument were related to attitudes toward the minority group represented by disabled college students. As the experimental treatment in this study, 213 students were exposed to contact with disabled students for a period of 11 weeks. Pretest and posttest scores for the Sympathetic Identification instrument were not significantly different after this exposure, while attitudes toward disabled students showed significant changes in the direction of being more favorable. Further information and a copy of the instrument may be obtained from the first author.

TEENAGE INTEREST AND ATTITUDE QUESTIONNAIRE

Berkeley, CA, Survey Research Center.

Wilson, Alan, School of Education, Tolman Hall, University of California at Berkeley, Berkeley, CA 94704

The Teenage Interest and Attitude Questionnaire is an instrument designed to collect data on student attitudes. The instrument is intended for use with junior and senior high school students. The questionnaire consists of three parts administered at different times throughout the school year. Part II contains items that concern what kind of person a) the student would like to be his close friend, b) his parents would like to see as his close friend, and c) his peers would want him to have as a close friend. A large portion of the questionnaire is devoted to items concerning the student's attitude toward Jews and blacks only. More information may be obtained by writing to the author or Margaret Baker, Survey Research Center, University of California, Berkeley, CA 94720.

ACHIEVEMENT MOTIVATION RATING SCALE

The Fort Logan lodge: Intentional community for chronic mental patients. Final report, NIMH grant MH-15853-02, April 1971.

McDonald, Ladd, 6569 Camino Venturoso, Goleta, CA 93017

The Achievement Motivation Rating Scale (AMRS) is one of a series of instruments designed to identify important variables affecting the success of a community-based, group-oriented, social, and work program for the rehabilitation of the refractory, long-stay mental patient. The AMRS was specifically designed to measure motivation to achieve or avoid failure. The instrument consists of 11 items each with two or three alternatives. The rater is instructed to circle the number of the item he thinks describes best what the subject would do under the circumstances indicated. A sample item is: "He works, 1) less than most other members, 2) about like the other members do, 3) harder than most other members." A subject's score is defined as the total AMRS score divided by the highest possible score. In addition, a number of change scores are defined in the source document. The mean interrater reliability coefficient (with five raters) was .49 while the mean test-retest reliability coefficient (five days to two weeks) was .60. To assess the validity of the AMRS, 10 subjects were administered the achievement orientation section of a multidimensional measure of achievement motivation (Read, S., & Spilka, B. Development and validation of an objective multidimensional measure of achievement of motivation. Paper presented at Rocky Mountain Psychology Association, Albuquerque, 1969) and were also rated on the AMRS. The correlation coefficient between scores for the two instruments was .374. A copy of the instrument is available in the source document.

BUSINESS MANAGER'S MONTHLY ASSESSMENT

The Fort Logan lodge: Intentional community for chronic mental patients. Final report, NIMH grant MH-15853-02, April 1971.

McDonald, Ladd, 6569 Camino Venturoso, Goleta, CA 93017

The Business Manager's Monthly Assessment (BMMA) is one of a series of instruments designed to identify important variables affecting the success of a community-based, group-oriented, social, and work program (the lodge) for the rehabilitation of the refractory, long-stay mental patient. The BMMA, consisting of 12 items, was specifically designed to measure the degree of adjustment to lodge work. A sample item is: "Quality of work: excellent ___, good___, fair___, poor___." A person's score is defined as the total BMMA score divided by the highest score possible. Validity of the BMMA was assumed since the Business Manager had long acquaintance with the processes, the lodge, the instrument, and had daily contact with lodge members. A copy of the instrument is available in the source document.

COMMUNITY INTERVIEW SCHEDULE

The Fort Logan lodge: Intentional community for chronic mental patients. Final report, NIMH grant MH-15853-02, April 1971.

McDonald, Ladd, 6569 Camino Venturoso, Goleta, CA 93017

The Community Interview Schedule (CIS) is one of a series of instruments designed to identify important variables affecting the success of a community-based, group-oriented, social, and work program (the lodge) for the rehabilitation of the refractory, long-stay mental patient. The two forms of the CIS, CIS-E and CIS-N, were designed to assess the feelings of employers and neighbors, respectively, about the lodge members. The CIS-E consists of five items. A sample item is: "When one or more of the men from Labor Saver Service worked for you did you find the work to be 1) poor, 2) fair, 3) good, 4) excellent." The CIS-N consists of three items. A sample item is: "Are you acquainted with any of the Labor Saver Service Men? 1) no, 2) yes." Copies of the two forms are available in the source document.

GENERAL LODGE BEHAVIOR SCALE

The Fort Logan lodge: Intentional community for chronic mental patients. Final report, NIMH grant MH-15853-02, April 1971.

McDonald, Ladd, 6569 Camino Venturoso, Goleta, CA 93017

The General Lodge Behavior Scale (GLBS) in one of a series of instruments designed to identify important variables affecting the success of a community-based, group-oriented, social, and work program (the lodge) for the rehabilitation of the refractory, long-stay mental patient. The GLBS, consisting of 12 items rated on 5-point scales, was specifically designed to assess the degree of self-sufficiency demonstrated by the subject. Behaviors rated include leadership, social activities, initiative, and work activities. A lodge member is rated by five other members and his score is the mean score across the five raters. A sample item is: "He goes shopping alone." Interrater reliabilities ranged from .40 to .88 with a mean of .73. A copy of the instrument is available in the source document.

GROUP BEHAVIOR QUESTIONNAIRE

Structural characteristics of norms. In Role theory: Concepts and research. New York: John Wiley and Sons, 1966.

Jackson, Jay M., Department of Sociology, University of Oregon, Eugene, OR 97401

The Group Behavior Questionnaire (GBQ) was specifically designed to develop group norms related to meetings. Scores are produced for each subject on 12 variables: "Time"; "Topic"; "Good-bad"; "Action" versus "Decisions"; "Opinions"; "Feelings"; "Participation"; "Analyzing others"; "Process"; "Pointing and interrupt." A subject's score for each variable is found by subtracting the mean group score from the subject's score. The GBQ consists of 12 items, each with six alternatives. Each alternative is rated on a 9-point scale. A sample item is: When he speaks in a group, he usually takes: a) 15 to 20 seconds, b) 30 seconds to 1 minute, c) one to two minutes, d) two to three minutes, 3) three to five minutes, f) more than five minutes. In answering the 12 items in the questionnaire, subjects are asked to think of a typical group member and for every item ask himself, "If he (she) behaved in that way, how would I feel?" An approval-disapproval scale is provided for recording feelings about group items. The GBQ is one of a series of instruments used to identify important variables affecting the success of a community based, group-oriented, social and work program for the rehabilitation of the refractory, long-stay mental patient. Interrater and test-retest reliability data and a copy of the instrument is available from Ladd McDonald, 6569 Camino Venturoso, Goleta, CA 93017. See also, McDonald, L. The Fort Logan lodge: Intentional community for chronic mental patients. Final Report, NIMH Grant, MH-15853-02, April 1972.

GROUP REPORT

The Fort Logan lodge: Intentional community for chronic mental patients. Final report, NIMH grant MH-15853-02, April 1971.

McDonald, Ladd, 6569 Camino Venturoso, Goleta, CA 93017

The Group Report (GR) is one of a series of instruments designed to identify important variables affecting the success of a community-based, group-oriented, social and work program (the lodge) for the rehabilitation of the refractory, long-stay mental patient. The GR, consisting of 17 items, was designed to assess the effectiveness of lodge meetings. The instrument is a rating scale which the investigator completes at the end of each observed meeting. Ratings are made on such factors as content of the meeting, mood of the group, goal directiveness, conflict, and development. A sample item is: "Group development demonstrated by, 1) interaction, 2) common acceptance, 3) identification, 4) cohesiveness." The group score is defined as the mean of total scores each month. To assess interrater reliability, pairs of judges completed ratings. The mean percentage of agreement was .82. To assess validity, GR scores were correlated with an independent rating of the effectiveness-ineffectiveness of the meeting. The correlation coefficient was .10. A copy of the instrument is available in the source document.

INDIVIDUAL PARTICIPATION PATTERN SCHEDULE

The Fort Logan lodge: Intentional community for chronic mental patients. Final report, NIMH grant MH-15853-02, April 1971.

McDonald, Ladd, 6569 Camino Venturoso, Goleta, CA 93017

The Individual Participation Pattern Schedule (IPPS) is one of a series of instrument designed to identify important variables affecting the success of a community-based, group-oriented, social and work program (the lodge) for the rehabilitation of the refractory, long-stay mental patient. The IPPS was designed specifically to assess participation in meetings (IPPS-personal), job problems (IPPS-work-situational) general problems (IPPS-problems-situational), and crises (IPPS-situational). IPPS is defined as the number of times the subject addresses another member per 100 minutes of meeting time. Work is defined as (A-R) / M where A equals the number of man-hours of jobs accepted, R equals the number of man-hours of jobs rejected, and M equals the number of IPPS administrations during the month. Problems are defined as (RI + S) / M where R equals the rank of the problem (for example, "1" = domestic, "3" = drinking), I equals the intensity of the problem (from "1" = low to "5" = high), and S equals the number of problems settled. Crises are defined as (JI + JI + S) / M where J equals the number of crises, I equals intensity (5-point scale), and K equals the number of crises where more than one person is involved. Pairs of judges completed the IPPS and interrater percentage of agreement ranged from .70 to .90 with mean agreement of .80. A copy of the instrument is available in the source document.

INDIVIDUAL REPORT

The Fort Logan lodge: Intentional community for chronic mental patients. Final report, NIMH grant MH-15853-02, April 1971.

McDonald, Ladd, 6569 Camino Venturoso, Goleta, CA 93017

The Individual Report (IR) is one of a series of instrument designed to identify important variables affecting the success of a community-based, group-oriented, social and work program (the Lodge) for the rehabilitation of the refractory, long-stay mental patient. The IR, consisting of 21 items rated on 7-point scales, was specifically designed to assess personal adjustment (eight items pertaining to general behavior and appearance), interpersonal adjustment (seven items pertaining to behavior toward other individuals and in groups), work adjustment (six items), and overall adjustment (appearance and behavior in all three categories). Sample items are: "Dress" (unattractive-attractive); "Amount of informal interaction" (none-much); and "Quality of work" (unacceptable-acceptable). Interrater reliability coefficients ranged from .399 to .843 with a mean of .54. The mean test-retest reliability coefficient was .741. To assess validity, 14 subjects were rated on the Work Therapy Rating Scale (WTRS), which refers to behaviors in connection with work habits and interpersonal relations. The correlation between the IR and the WTRS was .734. A copy of the instrument is available in the source document.

LODGE ACTIVITY RATING SCALE

The Fort Logan lodge: Intentional community for chronic mental patients. Final report, NIMH grant MH-15853-02, April 1971.

McDonald, Ladd, 6569 Camino Venturoso, Goleta, CA 93017

The Lodge Activity Rating Scale (LARS) is one of a series of instrument designed to identify important variables affecting the success of a community-based, group-oriented, social and work program (the lodge) for the rehabilitation of the refractory, long-stay mental patient. The LARS was specifically designed to sample many brief cross-sections of leisure time activities. The instrument is a rating scale with 12 categories: "In hospital"; "Pathological behavior"; "Sleep"; "Null behavior"; "Functional nonsocial behavior"; "Parasocial activities"; "Parasocial behaviors"; "Out-nonsocial activity"; "Social games"; "Two-person group"; "Three-person group"; "Out-engaging in social activity." If a person being rated shows more than one behavior during the observation period, he is given the score which is numerically highest of those behaviors. Administration time requires from 5 to 15 minutes. A person's score is defined as the monthly mean score across all observations during the month divided by the highest possible score. Pairs of judges completed ratings on the LARS. The mean percentage of agreement was .70. The objective nature of the observations rated on the instrument was considered to be evidence of face validity for the LARS. A copy of the instrument is available in the source document.

LODGE AFFECT QUESTIONNAIRE

The Fort Logan lodge: Intentional community for chronic mental patients. Final report, NIMH grant MH-15853-02, April 1971.

McDonald, Ladd, 6569 Camino Venturoso, Goleta, CA 93017

The Lodge Affect Questionnaire (LAQ) is one of a series of instrument designed to identify important variables affecting the success of a community-based, group-oriented, social and work program (the lodge) for the rehabilitation of the refractory, long-stay mental patient. The LAQ was specifically designed to assess the degree to which the subject likes the other members and the degree to which the other members like the subject. The instrument is a 4-point scale ranging from "don't like" to "like very much," on which the subject states the degree to which he likes each other member. Although construed as a questionnaire, the LAQ can be administered as an interview schedule. A copy of the instrument is available in the source document.

LODGE ATTITUDE INTERVIEW SCHEDULE

The Fort Logan lodge: Intentional community for chronic mental patients. Final report, NIMH grant MH-15853-02, April 1971.

McDonald, Ladd, 6569 Camino Venturoso, Goleta, CA 93017

The Lodge Attitude Interview Schedule (LAIS) is one of a series of instruments designed to identify important variables affecting the success of a community based, group-oriented, social and work program (the lodge) for the rehabilitation of the refractory, long-stay mental patient. The LAIS was specifically designed to elicit responses about the subject's thinking and feelings about the lodge concept, the work, the men, the premises, and changes that should be made. There are two forms of the LAIS, one for present and former members (33 items) and one for applicants who refused or were not approved (19 items). The LAIS is administered as an interview with most items answered on 4- or 5-point scales. A sample item is: "How do (did) you feel about the meetings? 1) NR (for "do not remember") 2) dislike 3) indifferent 4) like." The instrument was designed to yield subtotal scores defining the following variables: the subject's situation when he first heard about the Lodge, prior knowledge about the Lodge, prior attitudes toward the Lodge, prior expectations, attitudes after he became a member, participation in meetings, current attitudes, opinion as to benefits, suggestions for changes, overall attitudes. A copy of the LAIS is available in the source document.

LODGE COMMUNICATION QUESTIONNAIRE

The Fort Logan lodge: Intentional community for chronic mental patients. Final report, NIMH grant MH-15853-02, April 1971.

McDonald, Ladd, 6569 Camino Venturoso, Goleta, CA 93017

The Lodge Communication Questionnaire (LCQ) is one of a series of instruments designed to identify important variables affecting the success of a community-based, group-oriented, social and work program (the lodge) for the rehabilitation of the refractory, long-stay mental patient. The LCQ was specifically designed to measure 1) the extent to which the subject talks to other members, and 2) the degree to which other members talk to the subject. The LCQ is a 4-point scale on which the subject states how much he has talked with each other member during the past 24 hours. A subject's LCQ-1 score is defined as the monthly mean total LCQ score across all administrations during the month divided by the total possible score. The LCQ-2 score is defined as the monthly mean total score of ratings by others divided by the total possible score. A copy of the instrument is available in the source document.

PERSONAL ABILITIES RATING SCALE

The Fort Logan lodge: Intentional community for chronic mental patients. Final report, NIMH grant MH-15853-02, April 1971.

McDonald, Ladd, 6569 Camino Venturoso, Goleta, CA 93017

The Personal Abilities Rating Scale (PARS) is one of a series of instruments designed to identify important variables affecting the success of a community-based, group-oriented, social and work program (the lodge) for the rehabilitation of the refractory, long-stay mental patient. The PARS, consisting of 10 items, was specifically designed to measure the subject's aptitude for functioning in the community. The instrument is a 7-point scale on which an investigator registers his opinions about the subject's abilities as compared to the general United States population. Items include intelligence, general stability, and social skills. The PARS was tested for interrater reliability using five raters. Reliability coefficients ranged from .10 to .67 with a mean of .50. The mean test-retest reliability coefficient was .86. As an indication of concurrent validity, the PARS was found to correlate significantly with the Social Impact Scale. A copy of the instrument is available in the source document.

POST-LODGE INTERVIEW SCHEDULE

The Fort Logan lodge: Intentional community for chronic mental patients. Final report, NIMH grant MH-15853-02, April 1971.

McDonald, Ladd, 6569 Camino Venturoso, Goleta, CA 93017

The Post-Lodge Interview Schedule (PLIS) is one of a series of instruments designed to identify important variables affecting the success of a community-based group-oriented social and work program (the lodge) for the rehabilitation of the refractory, long-stay mental patient. The PLIS, containing 13 items, was specifically designed to measure current attitudes about the Lodge, the subject's progress, and present satisfaction with his residence and work situation. A sample item is: "Considering everything, what do you think of the Lodge now? 1) unfavorable, 2) neutral, 3) favorable." A subject's score is defined as the total PLIS score divided by the number of items. A copy of the instrument is available in the source document.

REHABILITATION PROGRESS PROFILE (WARD BEHAVIOR RATING)

History of the rehabilitation progress profile (ward behavior rating), Harrisburg State Hospital Research Department, Technical Report 71-21.

Harrisburg State Hospital Research Department, Harrisburg State Hospital Research Department, Harrisburg, PA 17105

The Rehabilitation Progress Profile (Ward Behavior Rating) (RPP) is an assessment device designed to identify specific patient needs through establishing the functioning level of an individual in major categories of specific behaviors (personal, social, and community skills). The RPP is intended to be completed by psychiatric hospital ward staff members and was specially developed for use at the Harrisburg State Hospital. The RPP consists of 59 items dealing with patient personalization, socialization, communalization, and vocationalization. A sample item is: "Take bath voluntarily when needed." In developing the instrument, some 400 items related to patient behaviors and skills were generated and ranked by a panel of judges according to levels of competency. On the basis of pilot studies and consultation with ward personnel, the item list was reduced to the present 59. The RPP is a checklist for use by ward personnel, who complete the instrument (checking "yes" or "no" for each item) for a particular patient. At present, the RPP is used periodically to rate each patient on ward at the Harrisburg State Hospital; the responses are entered onto punched cards and a computer printout is generated which lists all items answered "no" for each patient, as well as a frequency distribution of item responses for the entire ward. The interrater reliability of an earlier RPP was .90. A copy of the instrument is available from the author.

Harrisburg State Hospital Research Department, Harrisburg, PA 17105

STAFF QUESTIONNAIRE ON THE LODGE PROGRAM

The Fort Logan lodge: Intentional community for chronic mental patients. Final report, NIMH grant MH-15853-02, April 1971.

McDonald, Ladd, 6569 Camino Venturoso, Goleta, CA 93017

The Staff Questionnaire on the Lodge Program (SQLP) is one of a series of instruments designed to identify important variables affecting the success of a community-based, group-oriented, social and work program (the lodge) for the rehabilitation of the refractory, long-stay mental patient. The SQLP, containing 13 items, was specifically designed to measure knowledge of the lodge, behavior toward the lodge, and attitudes of staff members toward the lodge. A total score can also be computed by summing across all items. A sample item is: "In what ways do you think the Lodge may be beneficial to your long stay patients?" A copy of the instrument and scoring procedures are available in the source document.

WORK REHABILITATION EVALUATION SCALES

Jessup, Maryland, Clifton T. Perkins State Hospital, 1971.

Hamilton, John M., Clifton T. Perkins State Hospital, Jessup, MD 20794

The Work Rehabilitation Evaluation Scales were devised for the purpose of assessing patients' responsiveness to and progress in an occupational rehabilitation group therapy program. The scales were designed for use with male patients who are being evaluated for final disposition. The instrument consists of three scales; Scales I and II measure patients' strengths and weaknesses, and Scale III measures the amount and content of patients' verbal communication. The three scales comprise 11 separate evaluations of the patient and his progress or performance within the work therapy program. Sample areas of evaluation for Scale I are: "Individual gains in terms of social interaction"; "Individual gains in terms of ego strength"; "Individual participation in group interaction." Sample areas of evaluation from Scale II are: (Degree to which) "Total production level reflects group interaction"; (Degree to which) "Group cohesiveness extends to other activities." Individual and group progress ratings are made in terms of 5-point scales which represent complete to minimal adjustment or progress for the area in question. Scale II consists of communication rating scales. Amount of communication (within group therapy situation) is rated on a 5-point scale ranging from "silent member" to "monopolizer." Verbal content ratings are made on a 3-point scale ranging from "off topic" to "on topic." Ratings are made by therapists conducting therapy sessions. Progress is tapped by obtaining ratings on a daily, weekly or monthly basis. Further information regarding these scales and the psychodynamic workshop in which they are applied may be obtained from the author.

EVALUATION OF SERVICE DELIVERY PROFESSIONALS

ACCURATE EMPATHY SCALE
Toward a tentative measurement of the central therapeutic ingredients. Fayetteville, University of Arkansas, 1971

Truax, Charles B., Department of Educational Psychology, University of Calgary, 2920-24 Avenue North West,
Calgary, Alberta, Canada T2N IN4

The Accurate Empathy Scale is an instrument designed to measure the therapist's sensitivity to current feelings and his verbal facility to communicate this understanding in a language attuned to the client's current feelings. The scale was designed primarily for use with live observations or tape recordings of counseling or therapy interviews and has been applied to samples of psychotherapeutic interaction varying from 2 to 16 minutes of continuous therapy transactions. The Truax Accurate Empathy Scale points go from "inaccurate responses to obvious feelings" to "always accurate toward obvious feelings and unerringly accurate and unhesitant toward deep feelings with regard to both content and intensity." These scale points are used by the raters in evaluating recorded therapist responses. Reliability and validity data are given in the source document and in the Handbook of psychotherapy and behavior change, Bergen, A., & Garfield, S. (Eds.) New York: Wiley and Sons, 1971. The scale has been used for both research and training purposes. A copy of the scale is available in the source document and may be used and reproduced without permission. A copy of the scale also may be obtained from the author.

ASSESSMENT QUESTIONNAIRE FOR SOCIAL WORKERS
Chicago, Council for Community Services, 1972.

Rector, Vicki, The Library, Council for Community Services, 64 East Jackson Boulevard, Chicago, IL 60604

The Assessment Questionnaire for Social Workers (AQSW) is an instrument designed to measure caseworkers' a) diagnostic and treatment skills, b) knowledge of resources, and c) knowledge of constructs on the aged. The instrument is intended for use with social workers and case aides and is designed primarily for the purpose of measuring change in case workers' abilities to coordinate protective service delivery to the impaired aged. The AQSW consists of four case vignettes, with 21 open-ended questions concerning each case. The instrument also contains seven general questions designed to measure knowledge of the constraints on the aged. Sample questions are: "Diagnostic skills, What problem does this person have that needs to be dealt with the most quickly? Limitations in functioning , etc."; "Knowledge of resources, List the agencies you might refer this person to in order to help in dealing with his problems in relating to others." The AQSW was developed through the compilation of case material and the selection of cases meeting a wide range of problem areas. The instrument is self-administered and requires approximately two hours to complete. The AQSW is scored by reading the answers for content and coding the questionnaire; scoring requires approximately one to two hours. Agreement between two independent coders was high in one test. Some validity for the instrument was shown by the fact that supervisory ranking of workers agreed well with their scores on the test. The major application of the instrument to date has been with the Chicago Council for Community Services research project's caseworkers and aides. A copy of the instrument is available from the author.

ATTENDANT RATING SCALE
Haverford, Haverford State Hospital, 1964.

Smith, Aaron, Haverford State Hospital, 3500 Darby Road, Haverford, PA 19041

The Attendant Rating Scale (ARS) is a 24-item questionnaire designed to determine the behavior of psychiatric attendants on a psychiatric ward during a 2-week period. The ARS is completed by an observer of the attendant who is usually the professional supervising registered nurse. This instrument requires about 15 minutes to complete and scoring is done by hand. Examples of the behaviors measured by the ARS are the attendant's sociability with psychiatric patients, sincerity, fearfulness of patients, ability to carry on conversations with patients. Sample items include: "Does this attendant avoid contact with delusional or hallucinating patients?", "Does this attendant attempt to create a therapeutic attitude about the hospital?" The observer is asked to use a variety of 4-point scales, e.g., "always," "usually," "seldom," "never"; "often," "sometimes," "seldom," "never"; "very much," "somewhat," "a little," "not at all," etc. Additional information and a copy of the instrument may be obtained from the author.

CHILD-AIDE EVALUATION INSTRUMENT

Rochester, NY, University of Rochester, 1972.

Dorr, Darwin, & Cowen, Emory L., Psychology Department, Washington University, St. Louis, MO 63130

The Child-aide Evaluation Instrument (CAEI) is designed to reflect the judgments of professionals, such as psychologists and social workers and of nonprofessional mental health workers called "child-aides." The evaluation instrument consists of 16, 7-point rating scales measuring dimensions such as ability to relate to children, use of supervision, relations with aides and teachers, reliability, and overall impression. A score of seven indicates a very positive evaluation and a score of one indicates a very negative evaluation. The instrument yields 16 individual scores and a sum score. The CAEI is completed by professionals, e.g., the two members of the psychologist-social worker team. The authors have carried out research suggesting good reliability for this instrument. The instrument was designed specifically for the Primary Mental Health Project, but it can be adapted for other research purposes. Additional information and a copy of the instrument are available from the first author.

CHILD CARE WORKERS' EVALUATION RATING SCALE

Austin, Texas Department of Mental Health and Mental Retardation, 1971.

Sager, Phyllis, Texas Department of Mental Health and Mental Retardation, Austin State Hospital, 4110 Guadalupe, Austin, TX 78751

The Child Care Workers' Evaluation Rating Scale (CCWERS) is an instrument designed to evaluate child care workers at a residential unit for emotionally disturbed children. The rating is usually performed by a professional worker at the hospital who may be a clinical psychologist, therapist, social worker, or qualified hospital worker. The child care worker is rated on his reliability awareness, interests in the children, planning of activities, participation, availability, assistance to others, establishing of treatment programs, provisions for reinforcement, cooperation with the staff and self-insight. There are 22 items in this instrument by which the child care worker is rated on a line continuum supplemented by verbal descriptions. A sample item would be: "How frequently does this child care worker talk with individual children about their concerns and interests?" On this item, the child care worker is rated from "rarely talks with children" to "frequently talks with children." This instrument was designed specifically for the residential unit at Austin State Hospital, Austin, TX. It can be modified, however, for use elsewhere. A copy of the instrument and additional information are available from the author.

CLINICAL THINKING ASSESSMENT TEST

Concepts employed by accurate and inaccurate clinicians. Journal of Counseling Psychology, 1968, 15(4), 338-345.

VanAtta, Ralph E., Department of Student Counseling, University of Wisconsin-Milwaukee, Milwaukee, WI 53213

The Clinical Thinking Assessment Test (a title supplied by the abstractor) is designed to determine the method of thinking employed by successful clinicians during the therapy hour. The ability to function effectively in therapy is thought to be dependent upon the clinician's working model or conceptualization of his client. The test is administered to clinicians, the stimulus material being a series of statements made by clients during therapy hours. A sample statement, conceptualized as "Reason versus Emotions" is as follows: "I don't know. Don't--oh, I say no intellectually but emotionally I don't know. Don't know why I feel that way, intellectually it would not be a threat." There are 48 statements printed on small cards, which are arranged before the clinician in an array. The clinician is required to organize the statements into categories of his own choosing. He is not restricted as to scope or number of categories he uses and may reorganize them at will. The categories he forms correspond to the concepts he uses to describe and understand his clients' cases. As subjects occasionally work too rapidly for manual recording, an electrical recording device was constructed to record each time a subject selects a statement card, forms or alters a category. The clinicians' conceptualizations were evaluated in terms of the following characteristics: a) Permeability-impermeability (a permeable concept has a broad scope); b) Homogeneity-diversity (the number of different concepts employed); c) The number of client events conceptualized (the ability to deal effectively with all relevant material and ignore irrelevant material); d) Personality theory employed (theoretical constructs reflected in the clinician's terminology); and e) Similarity of concepts (an interaction between agreement with colleagues and permeability). The surface characteristics of the concepts failed to differentiate between four accurate and four inaccurate clinicians. A more detailed description of the instrument and its use may be found in the source document. More information and a copy of the instrument are available from the author.

CONSULTATION EVALUATION RATING SHEET
Berkeley, CA, Center for Training in Community Psychiatry and Mental Health Administration, 1968.

Murray, Richard, 400 30th Street, Oakland, CA 94609

The Evaluation Rating Sheet is an instrument designed to measure consultee opinion of a consultation session. The instrument is intended for use with consultees in nonpsychiatric agencies and is designed primarily to study one aspect of the community mental health program. The instrument consists of 59 items to which the consultee responds on a "1" to "7" scale from "true" to "untrue." Subjects covered include consultant attitude toward consultee, consultation session, and client, consultant behavior during session, and consultant effectiveness in assisting consultee. Sample items are: "The consultant did not try to formulate a particular kind of contribution in a hurry"; "Maintained an egalitarian relationship"; "Was sufficiently active in demonstrating his specialized skill in a non-commital way and without suggesting solutions"; "Interrupted indirectly or directly any discussion that focused upon the consultee instead of the client"; "Recognized the meaning of the roles ascribed to him by the consultee and tactfully handled the situation." A copy of the instrument is available from the author.

COUNSELOR SELF-EVALUATION SCALE
De Kalb, Northern Illinois University, 1971.

Axelson, John A., College of Education, Northern Illinois University, De Kalb, IL 60115

The Counselor Self-Evaluation Scale is an instrument designed to measure the attitudes of counselor candidates regarding their counseling performance. The instrument is intended to provide an index of candidates' perceptions of the counselor training program with the aim of using responses as guidelines for improving instructional approaches. The test consists of 35 items tapping each of the five proposed stages of counselor developments: 1) Initial style of counseling (adjusting to the role of the counselor); 2) Other's style of counseling (seeking guidance from "experts"); 3) Self-style of counseling (exploration of counseling process in trial and error fashion); 4) Rationale style of counseling (modification of counseling techniques to fit underlying counseling rationale); 5) Life style of counseling (incorporation of counseling into global life philosophy). Sample items tapping respectively each of these five stages of development are: "I have trouble opening an interview"; "I have to work out my own approach"; "I have a rationale for what I do with my clients"; "I see myself as a person relating to another person and not as a counselor." Ratings are made in terms of a 5-point scale consisting of "not at all like me," "slightly like me," "somewhat like me," "a good deal like me," "very much like me." The Counselor Self-Evaluation Scale is self-administering, requires 15 to 30 minutes for completion, and is hand scored. Further information and a copy of the scale may be obtained from the author.

GAIT (GROUP ASSESSMENT OF INTERPERSONAL TRAITS)
Los Angeles, UCLA, 1968.

Goodman, Gerald, Department of Psychology, University of California, Los Angeles, CA 90024

GAIT (Group Assessment of Interpersonal Traits) is a technique designed to be used for selecting nonprofessional therapists and counselors. About 8 to 10 applicants receive instructions in a group and then take turns being discloser and understander. The discloser reads a description of a personal problem of his own to the group. One of the group volunteers to be the understander, taking the role of Rogerian therapist. This goes on for five minutes while others in the group listen. Other pairs take the two roles until everyone has served in both capacities. Then the applicants rate each other on such traits as "understanding," "depression," "openness," "reserve," "acceptance," "rigidity," "willingness to express feelings," and "potential as a successful counselor." Applicants reveal their willingness to disclose themselves to others in this procedure, as well as show how well they can enter another person's frame of reference and understand his feelings with few questions, no judgments, interpretations, or advice giving. Applicants have opportunities to withdraw from the procedure at several points. They can choose to avoid disclosing themselves by presenting less personal problems. They can also avoid the listening task by talking too much or by giving quick solutions to problems. In addition to the sociometric ratings by group members, ratings by professional observers are sometimes taken. The GAIT procedure was orginally developed as part of a large scale project designed to evaluate the effectiveness of nonprofessional counselors in helping emotionally troubled elementary school boys. The procedure requires about an hour and a half to administer. Although the GAIT procedure is undergoing revision at the present time, the author is preparing a book in which the technique will be described and reliability and validity data will be presented. Preliminary information in these areas and about current use of the technique as well as a bibliography may be obtained by writing the author. The GAIT technique is now on a cassette tape that starts, instructs, and times assessment groups. Write the author for materials and information about use of the technique. He is particularly willing to loan the tape to researchers who promise to return data.

GOOD CLINICIAN INVENTORY

New York, The City University of New York, 1970.

Perlman, Gerald, 315 Central Park West, New York, NY 10025

The Good Clinician Inventory (GCI) is an instrument designed to measure psychotherapists' self-esteem in their role as therapists. The instrument is intended for use with clinical psychotherapists. The GCI is based on 15 dimensions on which the respondents must rate themselves on scales which they divide into "highly desirable," "undesirable," and "average." The subjects are asked to rate themselves, what they are like on their worst days, their best days and what they are like usually. The dimensions are: "Intellectual"; "Original and resourceful"; "Curious"; "Insightful"; "Humorous"; "Sensitive"; "Tolerant"; "Establishes relationships"; "Industrious and methodical"; "Responsible"; "Tactful and cooperative"; "Stable and self-controlled"; "Broad cultural background"; "Tolerates pressure"; "Good general appearance and manner." The score is derived from a composite of the best actual and worst self-judgments as these judgments fall into the self-determined scaling. The instrument is controlled for response sets. The GCI is an adaptation of one used by S. J. Slagle (Self esteem and patterns of preference. Unpublished dissertation, University of Michigan, 1965). A copy of the instrument and further information are available from the author.

INTER-PERSON PERCEPTION TEST

Monitor Catalog. Hollywood, Monitor, 1972.

Heussenstamm, F. K., & Hoepfner, R., Box 78, Teachers College, Columbia University, New York, NY 10027

The Inter-Person Perception Test (IPPT) was designed to measure an individual's interpersonal perception or social cognition. The IPPT assesses social perception or social intelligence in a manner which largely eliminates the limiting effects of verbal intelligence. Items in the test consist of one stimulus facial photograph and four photographs of faces in various sorts of facial expressions. Subjects are asked to select one of four alternative facial photographs that best expresses the same thoughts, feelings and intentions as the given example. The IPPT has two forms. Form A contains facial photographs of adults, while Form AC contains facial photographs of children. Each form of the test consists of 40 items with items being equally divided in terms of sex and four kinds of ethnicity. Twenty of the 40 items are constructed for female subjects, 20 for male subjects. Ten items in each 40-item test are geared toward Caucasian, black, Mexican-American, and Oriental-American subjects respectively. Each item has been constructed with the aid of representatives of its respective age, sex and ethnic group, and has undergone intensive validation within samples of its representative group. The IPPT can be administered individually or to large groups and requires 20 minutes for completion. The test is easily hand scored. Reliability of each form of the IPPT has been estimated to be in the low eighties. Potential applications of the IPPT include assessment of changes accompanying sensitivity training, counseling and psychotherapy; selection of personnel who must deal with people; and basic cross-cultural, sociological and psychological research. A manual describing the instrument in detail and a copy of the instrument may be purchased upon demonstration of professional qualifications by writing to Monitor, P. O. Box 2337, Hollywood, CA 90028.

MICHAUX TEST FOR CLINICAL RESEARCH PSYCHOLOGISTS

Baltimore, Johns Hopkins Hospital, 1967.

Michaux, William W., & Suziedeles, Anatanas, 501 Colleen Road, Baltimore, MD 21229

The Michaux Test for Clinical Research Psychologists (MTCRP) is an instrument designed to measure knowledge of terms used by clinical research psychologists. The MTCRP is intended for research purposes. It contains 116 multiple-choice items, which ask for the definition of commonly used terms in the area of psychology. In addition to a total score, three subtest scores are obtained. A sample item is: "Operant: 1) instrumental, 2) physicalistic, 3) operational, 4) vasomotor." The instrument is administered in a test booklet and an individual taking the test is given no time limit. The MTCRP is scored by using scoring stencils; to obtain raw scores, incorrect responses are divided by three and subtracted from the number of correct responses. Normative, reliability, and validity data are not reported. A copy of the instrument is available from the author.

NURSING ORIENTATION SURVEY

Los Angeles, Psychological Service Associates, 1972.

Greening, Thomas C., Psychological Service Associates, 1314 Westwood Boulevard, Los Angeles, CA 90024

The Nursing Orientation Survey (NOS) is an instrument designed to measure attitudes regarding the role of feelings in the nursing situation. The instrument is intended for use with nurses and is designed primarily for creating sensitivity among nurses to the feeling dimension of their interactions with patients. The NOS consists of 18 statements describing a range of feeling states likely to occur in the nursing role. Each statement is rated on a 6-point frequency scale ranging from "0," "never," to "5," "always." The statements primarily concern emotional control versus expressiveness, interactions among coworkers, and the emotional interaction between nurses and patients. A sample item is: "Being an openly feeling person is part of being a nurse." The instrument is self-administered. Data collected therefore have yielded total scores ranging from 5 to 28. To date, the major application of the NOS has been in nursing conferences. A copy of the instrument is available from the author.

OBSERVATION FORM

Haverford, Haverford State Hospital, 1971.

Smith, Aaron, Haverford State Hospital, 3500 Darby Road, Haverford, PA 19041

The Observation Form (OF) is an instrument designed to measure and describe the behavior of psychiatric attendants on an assigned ward for a specific 10-minute time period. The form is completed by observers who are not known by the attendant. These observers are usually confederates on the wards. The classifications of behaviors are: "Personal social activity," e.g., playing cards with personnel; "Therapeutic social activity," directed to meet needs of patients, e.g., playing a game with patients; "Routine ward duties," e.g., passing out medication; "Private activity," e.g., watching TV alone. The presence, location, frequency, duration, initiator of the behavior, and the number of individuals involved are also recorded. This instrument was developed as a method for quantifying observations of attendant performance. Additional information and a copy of the instrument are available from the author.

THE PERCEPTUAL SCORE SHEET

A perceptual view of the nature of "helpers" in personality theory and counseling practice. First Annual Conference on Personality Theory and Counseling Practice, 1961, 1, 53-58.

Combs, A. W., University of Florida, Gainesville, FL 32601

The Perceptual Score Sheet is an instrument designed to provide a method for rating the written protocols elicited from subjects. Subjects are given a projective task in which they are asked to recall a significant past event from a human relations standpoint, including a discussion of their behavior, attitudes, and feelings relative to the event. The purpose of the projective instrument is to provide a written behavior sample from which the sorts of "self" and "other" perceptions (i.e., the perceptual organization) associated with effective teaching may be identified. The present instrument, the Perceptual Rating Form, constitutes a rating scale in terms of which teacher's protocols may be scored for helper-orientedness. The authors identified five major areas of perceptual dimensions believed to characterize the perceptions of helpers or effective teachers: 1) General frame of reference; 2) Perceptions of others; 3) Perceptions of self; 4) Perceptions of the nature of the task at hand; 5) Perceptions of the appropriate method by which to carry out the task. Within each of these five areas, several bipolar descriptive scales were developed to represent the presumed characteristics of the helper (or potentially effective teacher) at one end, and those of the nonhelper at the other end. A total of 39 such scales were developed to represent one of the five perceptual categories. The perceptual rating forms consists of a booklet of pages, on each of which are printed: 1) The perceptual category to which the scale belongs; 2) A 7-point scale with endpoints designated by the bipolar descriptions; and 3) Two short descriptions of the sorts of behaviors, attitudes, etc., associated with the qualities representing the scale endpoints. Examples of rating scales measuring each of the five categories noted above are: (frame of reference) "Hopeful-despairing"; (perceptions of others) "Threatening-unthreatening"; (perceptions of self) "Liked-not liked"; (perceptions of helping tasks) "Altruistic-narcissistic"; (perceptions of methods of helping) "Helping methods-permissive methods." In a reliability study of the protocol rating procedure, five perceptions of appropriate methods of carrying out purposes), four trained judges demonstrated significant levels of agreement in 75 percent of the perceptual ratings made. Further information and a copy of both the projective instrument and the Perceptual Score Sheet may be obtained from Charles V. Dedrick, Department of Educational Psychology, University of Northern Iowa, Cedar Falls, IA 50613.

PSYCHOLOGY INTERN RATING SCALE

Some factors related to the selection of clinical psychology interns. Journal of Clinical Psychology, 1970, 26(4), 449-452.

Plutchik, Robert, Klein, Morris M., & Conte, Hope, Bronx State Hospital, 1500 Waters Place, Bronx, NY 10461

The Psychology Intern Rating Scale (PIRS) is a 21-item instrument designed to evaluate the success potential of candidates for psychology internships. In developing the scales, supervisors were asked to describe those qualities they believed potentially successful clinical interns should possess. Candidates were interviewed by supervisors who independently completed the PIRS and also made independent global ratings of each candidate. Subsequently, the top 10 candidates were selected on the basis of their global ratings without reference to the PIRS. An overall score on the PIRS representing the average of all ratings was computed for each candidate. Comparisons were made among the accepted, rejected, and alternate candidates in terms of mean overall scores. Sample PIRS items include: "Personal appearance"; "Anxiety"; "Tendency to complain"; "Reactions to criticism"; "Independence"; and "Creativity." Items are rated on 9-point scales with a rating of "1" indicating maximal potential. The correlation between PIRS scores and global ratings was .83. Interjudge reliability coefficients were .11 for the accepted candidates, .40 for the alternates, and .54 for the rejected candidates. The overall correlation of all candidates and judges was .50. Overall scores discriminated between those applicants who were accepted and those who were rejected solely on the basis of a global interview rating. Items found to be most discriminating related to tendencies toward complaining, sensitivity to others, and academic preparation. Characteristics such as likability, personal appearance, openness, and leadership potential failed to discriminate between accepted and rejected candidates. Group means and standard deviations, the results of an item analysis, and a copy of the instrument are available in the source document.

PSYCHOTHERAPISTS' PREFERENCE SCALE

Personality characteristics of therapists: Description of relevant variables and examination of conscious preferences. Journal of Consulting and Clinical Psychology, 1969, 33(3), 317-326.

Jacobs, Martin A., Boston University School of Medicine, 80 East Concord Street, Room 403, Boston, MA 02188

The Psychotherapists' Preference Scale is an instrument designed to measure the relative value which a therapist professed to have for each personality characteristic. The instrument is intended for use with psychotherapists and is designed primarily for developing measures for clinical research. Ten variables, derived from both prior studies and clinical judgments, were identified as relevant to the therapeutic process, objectivity, dependability, sincerity, sureness, directiveness, responsiveness, understanding, respect, interest, and warmth. Responsiveness and understanding were treated as one variable so that nine concepts were finally considered. Each [illegible] was paired with every other variable, resulting in 72 paired items. The subject was asked in a forced ch[illegible]tuation to select one of the two as a quality important in a good therapist. The instrument was develop[illegible] research to determine the impact of the therapist's personality on treatment success or failure. The instr[illegible]lf-administered and requires approximately 15 minutes to complete. Scoring was accomplished by summing the number of adjectives underlined for each category. Further information on the instrument and the study itself are available in the source document. A copy of the instrument can be obtained from the author.

QUESTIONNAIRE FOR PROBATIONER

Salt Lake City, The University of Utah, 1971.

Beier, Ernst G., Department of Psychology, University of Utah, Salt Lake City, UT 84112

The Questionnaire for Probationer is an instrument designed to collect information about a probationer's feelings toward his volunteer. The instrument is intended for use with probationers who took part in the Community Volunteer Misdemeanant Services and is designed primarily to help in evaluating the effect of the paraprofessional volunteer in the program. The questionnaire contains 19 items which ask the probationer to express his opinions toward the volunteer. Sample items are: "Approximately how long have you been meeting with your volunteer?"; "Where did you usually meet with your volunteer?"; "Were you generally satisfied with the extra contacts you had with the probation staff?"; "Please check each word as it describes your relationship with the volunteer (warm, distant, suspicious, friendly, hateful, bigoted, most of the time, sometimes, seldom)." The instrument was developed with other questionnaires to evaluate a program intended to help probationers avoid further confrontation with the law. The instrument is self-administered. A copy of the instrument and a report on the evaluation of the program can be obtained from the author.

QUESTIONNAIRE FOR VOLUNTEER

Salt Lake City, University of Utah, 1971.

Beier, Ernst G., Department of Psychology, University of Utah, Salt Lake City, UT 84112

The Questionnaire for Volunteer is an instrument designed to collect information about a volunteer's feelings toward his probationer. The instrument is intended for use with paraprofessional volunteers taking part in the Community Volunteer Misdemeannant Services Project and is designed primarily to evaluate the effect of the volunteers. The questionnaire consists of 20 items. Sample items are: "Approximately how long have you been meeting with your probationer?"; "Where did you usually meet with your probationer?"; "Who usually selected the meeting place?"; "Did the probationer cost you any money?"; "To what extent did you think the initial inservice training and orientation was helpful to you and your work with the probationer?"; "Did you feel that you were adequately trained to carry out your responsibilities?"; "How did you like your probationer?"; "To what extent did you enjoy meeting with your probationer?" A rating scale of one to seven from "very much" to "not at all" is used to answer the questions. The instrument is self-administered. A copy of the instrument and a report on the evaluation are available from the author.

RATING OF OVERALL EFFECTIVENESS: ATTENDANT GLOBAL PERFORMANCE SCALE

Haverford, Haverford State Hospital, 1971.

Smith, Aaron, Haverford State Hospital, 3500 Darby Road, Haverford, PA 19041

The Rating of Overall Effectiveness: Attendant Global Performance Scale (ROE-AGPS) is an instrument designed to measure the effectiveness of psychiatric attendants during a session of role-playing techniques. This instrument is completed by the teacher or confederate to rate the attendant's behavior during the training session. The rating scale does not have predetermined scoring intervals, that is, on each item the respondent is asked to draw a scale and mark the point that represents his best judgment of the attendant's effectiveness. This instrument contains only five items and takes only a few minutes to complete. Sample items include: "Dealt with all important aspects of the situation and temporarily or partially resolved the problems"; "Attendant's actions were ineffective"; "He may have increased the seriousness of the present situation or prolonged its existence." The ROE was used in training attendants to deal with psychiatric patients therapeutically in stressful, face-to-face contacts. Additional information and a copy of the instrument are available from the author.

RELATIONSHIP QUESTIONNAIRE

Toward a tentative measurement of the central therapeutic ingredients. Fayetteville, University of Arkansas, 1971.

Truax, Charles B., Department of Educational Psychology, University of Calgary, 2920-24 Avenue North West, Calgary, Alberta, Canada T2N 1N4

The Relationship Questionnaire is a self-administered inventory designed to measure a patient's perception of the psychological conditions offered by his therapist. It has been used with juvenile delinquents, outpatient neurotics, and a wide variety of vocational rehabilitation clients. The scale is an attempt to translate the previous scales used for rating objective tape recordings into a questionnaire form that can be answered by the client. Six subscale scores are calculated ("accurate empathy," "nonpossessive warmth," "genuineness" "overall therapeutic relationship," "intensity and intimacy of interpersonal contact," and "concreteness") on the basis of a total of 141 true-false items. Sample items are: "He seems to hold things back rather than tell me what he really thinks," and "He understands my words but does not know how I feel." The scale has been used for both research and training purposes; reliability and validity data are given in the source document. A copy of the scale (and scoring key) is available in the source document and may be used and reproduced without permission. A copy of the scale may be obtained by writing the author.

RESIDENT APPLICANT SCALE

Variables related to the selection of psychiatric residents. *American Journal of Psychiatry*, 1971, 127(11), 79-84.

Plutchik, Robert, Conte, Hope, & Kandler, Henry, Bronx State Hospital, 1500 Waters Place, Bronx, NY 10461

The Resident Applicant Scale (RAS) is a 32-item rating scale designed to evaluate the success potential of candidates for psychiatric residencies. In developing the instrument, 90 physicians applying for psychiatric residencies were rated on the RAS by supervising psychiatrists. Scores significantly discriminated between those applicants who were accepted and those who were rejected on the basis of independent global assessments. Items assess such characteristics as self-awareness, sensitivity to others, creativity, intellectual grasp of psychiatry, and type of psychiatric orientation. Each item is rated on a 9-point scale. For all items, the lower the rating, the more desirable the applicant is considered to be. Interjudge reliability coefficients range from .73 to .56 with a mean of .66. An item analysis and copy of the instrument are available in the source document.

SCALE FOR EVALUATING HEALTH SERVICE PROFESSIONALS

Evaluating the professional performance of staff pharmacists: A methodological study. American Journal of Hospital Pharmacy, 1971, 28, 336-342.

Brumback, Gary B., & Howell, M. A., Office of Personnel Training, Policy and Evaluation Division, 330 Independence Avenue, S. W., Room 4273 N. Building, Washington, DC 20201

Scales for Evaluating Health Services Professionals include a series of performance rating scales by which the efficiency and effectiveness of individuals in a number of health service positions may be assessed. The scales were developed as part of a Public Health Service (PHS) project designed to provide scales by which commissioned officers within the Public Health Service could be evaluated. Basic work functions such as health program management, patient care, research, and others which officers perform were defined. The present scales for rating the performance of physicians and other professionals in health related work functions were developed from a survey in which 500 PHS officers were asked to describe incidents of health service work performance. From an analysis of their responses 14 categories of health service work functions were identified. Separate rating scales are designed to tap performance in each of these categories. Sample health service work categories are: "Personally providing patient care services"; "Developing and performing teaching activities": "Supervising employees." Each health service employee is rated according to the particular scale sampling performance in his area or work. Each scale consists of items describing duties related to each work category. Items are rated in terms of the degree to which each characterizes the performance of the individual being rated. Rating response alternatives are "not at all characteristic," "somewhat characteristic," "generally characteristic," "perfectly characteristic." Sample items from the "providing patient care" work function are: "Carefully plans post-hospitalization care"; 'Enters correct progress notes in patients' records"; "Administers unnecessary therapy." Each scale consists of a variable number of items, ranging from 21 to 66 items per scale. An experimental application of the rating scales may be found in Brumback, G. B. & Howell, M. A. Rating clinical performance. Journal of Dental Education, 1971, 35, 43-47. Further information and a copy of the performance rating scales may be obtained from the author.

THE SITUATIONAL EMPATHY TEST

Assessment of empathic ability by means of a situational test. Journal of Counseling Psychology, 1967, 14, 57-60.

Astin, Helen S., 4829 Chevy Chase, MD 20015

The Situational Empathy Test is an instrument designed to provide a situational, as opposed to a predictive measure of an individual's empathic capacity. The predictive approach to measuring empathy (which involves assessing a subject's accuracy in predicting another person's feelings and behavior) has been criticized for problems of response set, stereotyping, projection, etc. The present situational test was developed for the purpose of providing an alternative approach. The counseling situation provides the model for the Situational Empathy Test. Ten client statements were selected as stimuli for the test. These statements were chosen because they verbalized feeling experiences and because they had elicited alike responses by a criterion committee of expert counselors in a previous study. Ten statements were read by a professional actor (so as to convey the feeling expressed by each) and tape recorded. The 10 statements were played back to the subject. Subjects were asked to listen to each statement and to respond to the statement as if it were being said in a counseling session. The subject's response is recorded on a second recorder. The subject's responses to the 10 recorded statements were then typed verbatim and presented in counterbalanced order to a panel of seven experienced psychologists. Responses were ranked independently by each judge separately for each of the 16 statements. A subject's performance on the situational test was expressed as his average rank position, determining by summing the ranks given to his 10 responses by the psychologists. The responses were ranked in terms of the amount of empathy reflected by the subject's responses. In rating responses, empathy was objectively defined as the extent to which the response communicates an understanding of the essential feeling and content expressed in the client's statement. The average interrater correlation among judges was .82. Performance on the situational test of empathy was not significantly correlated with empathy as measured by the predictive method. Furhter information regarding the stimuli statements may be obtained from the author.

STICK FIGURE RATING SCALE

Project summary: Therapeutic nursery school teacher training. Final Report, NIMH Grant MH-10547, July 1966 - June 1969.

Adelman, Howard S., & Sparber, Zanwil, Department of Psychology, University of California at Los Angeles, CA 90024

The Stick Figure Rating Scale is an instrument designed as part of a battery of tests which were developed for the purpose of evaluating the performance of therapeutic nursery school teacher trainees. It is adapted from a ranking procedure devised by Crandall, V. C. (Reinforcement effects of adult reactions and nonreactions on children's achievement expectations. Child Development, 1963, 34, 335-354.) Eighteen female trainees with general teaching experience were screened and selected to take part in the training program. The purpose of the program was to provide a number of clinically-oriented paraprofessionals trained to relate to, understand, and work specifically with mentally disturbed children and their parents in an outpatient or "nursery school" setting. The Stick Figure Rating Scale cohsists of a column of 50 stick figures constructed to represent a distribution of therapeutic nursery school trainees. The column of stick figures is labeled "worst" at the lower end and "best" at the upper end. The stick figures are separated into groups of five, and the midpoint of the distribution is depicted as representing the "average" trainee. Thus, each stick figure may be identified by its position along the distribution, ranging from the lower tenth of the distribution to the upper tenth of the distribution. Ratings of each trainee are made by training personnel. Each rater is instructed to view the distribution of stick figures as representative of "all the therapeutic nursery school teachers in the city" and, relative to that population, rate the particular trainee in question by circling the stick figure that the rater considers to represent best the trainee and her performance. By identifying factors that are observed to correlate with trainee success, as measured by the trainee rating procedure of which this scale is a part, general criteria for the selection of therapeutic nursery school teachers may be developed. Further information regarding the training program and copies of the trainee evaluation scales employed may be obtained from Zanwil Sperber, Department of Child Psychiatry, Cedars-Sinai Medical Center, 8720 Beverly Boulevard, Los Angeles, CA 90048.

TEST OF IMPLIED MEANINGS

A method for studying sensitivity to implied meanings. *Gawein* (psychological journal, Nijmegen University, The Netherlands), 1966, 15, 1-8.

Sundberg, Norman D., School of Community Service and Public Affairs, University of Oregon, Eugene, OR 97403

The Test of Implied Meanings (TIM) is an instrument designed to measure an individual's ability to comprehend the implications of spoken statements. The TIM has been used as a research instrument in the selection and training of counselors and psychotherapists. This instrument consists of 40 statements, representing common complaints heard in patient interviews. The 40 statements, of which 38 are scored, are read to the listening subject with feeling and emphasis. The listener, after hearing the statement, checks off one of four choices that he believes to be the possible implicit meaning. An example of a statement would be: "I don't have a headache." The choices available are: 1) "Simple fact"; 2) "And I mean it!"; 3) "But I know someone who does"; 4) "And I want your sympathy." The test requires about 15 to 20 minutes to administer. For scoring purposes, the correct answers are those meanings that the reader of the statement intended to convey to the listener. The responses checked correctly by the subject (listener) are given a value of "+1" and those that are incorrect are given a value of "0." The addition of the value scores on all the statements yield a total score that ranges from 0 to 38. The test-retest reliability coefficient was .89. Additional information and a copy of the instrument are available from the author.

THERAPIST GENUINENESS SCALE

Toward a tentative measurement of the central therapeutic ingredients. Fayetteville, University of Arkansas, 1971.

Truax, Charles B., Department of Educational Psychology, University of Calgary, 2920-24 Avenue North West, Calgary, Alberta, Canada T2N IN4

The Therapist Genuineness Scale is designed to measure the dimension of therapist genuineness, which ranges from a low level, where the therapist presents a facade or defends or denies feelings, to a high level of self-congruence where the therapist is freely and completely himself. The scale was designed primarily for use with live observations or tape recordings of counseling or therapy interviews and has been applied to samples of psychotherapeutic interaction varying from 2 to 16 minutes of continuous therapy transactions. There are five degrees on the genuineness scale, ranging from stage "1" ("there is explicit evidence of a very considerable discrepancy between what he says and what he experiences") to stage "5" ("the therapist is clearly being himself in all of his responses, whether they are personally meaningful or trite"); this scale is then used by raters in evaluating recorded therapists' responses. Reliability and validity data are given in the source document and in the *Handbook of psychotherapy and behavior change*, Bergen A., & Garfield, S. (Eds.) New York: Wiley and Sons, 1971. The scale has been used for both research and training purposes. A copy of the scale is available in the source document and may be used and reproduced without permission, or a copy of the scale may be obtained from the author.

TRAINEE RATING SCALE

Project summary: Therapeutic nursery school teacher training. Final Report, NIMH Grant MH-10547, July 1966 - June 1969.

Adelman, Howard S., & Sperber, Zanwil, Department of Psychology, University of California at Los Angeles, Los Angeles, CA 90024

The Trainee Rating Scale at the University of California School of Education was used as part of a battery of tests which were developed for the purpose of evaluating the performance of therapeutic nursery school teacher trainees. It was adapted from an instrument developed by William Michaels at the University of Southern California School of Education (Michaels, W., and Roebeck, W. *The psychological foundations of learning and teaching*. New York: McGraw Hill, 1969). Eighteen female trainees with general teaching experience were screened and selected to take part in the training program. The purpose of the program was to provide a number of clinically-oriented paraprofessionals trained in relating to, understanding, and working specifically with mentally disturbed children and their parents in an outpatient or "nursery school" setting. The Trainee Rating Scale is designed to evaluate trainee performance directly under the pressure of working situations, such as during actual interpersonal interaction with children or contacts with parents. The rating scale consists of 31 items and is divided into two major sections.

Section I includes items that deal with the personal qualities of the trainee. Sample items from Section I are: "How does she react to authority?"; Does she show appropriate initiative?" Section II deals with the professional competencies of the trainee. Sample items from Section II are: "Rate her ability to formulate goals for the child in this setting." Trainees are rated on each of the items along a 7-point scale ranging from "unsatisfactory" to "outstanding." Allowance is made for the rating response "no opportunity to observe." The rater is also asked to respond to a number of open-ended questions. A sample of such an item is: "Are there any aspects of her functioning which you feel make her contribution especially valuable?" Ratings are made by training personnel. By identifying factors that are observed to correlate with trainee success, as measured by the trainee rating procedure of which this scale is part, general criteria for the selection of therapeutic nursery school teachers may be developed. Further information and a copy of the scale, as well as the other evaluative instruments which accompany it, may be obtained from Zanwil Sperber, Department of Child Psychiatry, Cedars-Sinai Medical Center, 8720 Beverly Boulevard, Los Angeles, CA 90048.

UNCONDITIONAL POSITIVE REGARD SCALE

Toward a tentative measurement of the central therapeutic ingredients. Fayetteville, University of Arkansas, 1971.

Truax, Charles B., Department of Educational Psychology, University of Calgary, 2920-24 Avenue North West,
Calgary, Alberta, Canada T2N IN4

The Unconditional Positive Regard Scale is designed to measure the dimension of nonpossessive warmth or unconditional positive regard, which ranges from a high level, where the therapist warmly accepts the patient's experience as part of that person without imposing conditions, to a low level, where the therapist evaluates a patient or his feelings, expresses dislike or disapproval, or expresses warmth in a selective and evaluative way. The scale was designed primarily for use with live observations or tape recordings of counseling or therapy interviews and has been applied to samples of psychotherapeutic interaction varying from 2 to 16 minutes of continuous therapy transactions. There are five levels of evaluation on the scale, ranging from stage "1" ("the therapist communicates warmth without restriction"); this scale is then used by the raters in evaluating recorded therapist responses. Reliability and validity data are given in the source document and in the *Handbook of psychotherapy and behavior change*, Bergen, A., & Garfield, S. (Eds.) New York: Wiley and Sons, 1971. The scale has been used for both research and training purposes. A copy of the scale is available in the source document and may be used and reproduced without permission. A copy of the scale may be obtained by writing to the author.

SEX

ATTITUDES TOWARD HOMOSEXUALITY SCALE

Attitude toward homosexuality: Preservation of sex morality on the double standard? Journal of Consulting and Clinical Psychology, 1973, in press.

MacDonald, Alfred P., Huggins, Jim, Young, Susan, & Swanson, Richard A., The Frank Porter Graham Child Devlopment Research Center, The University of North Carolina, Chapel Hill, NC 27514

The Attitudes Toward Homosexuality Scale (ATHS) was developed in order to investigate the relationship between individual's opinions regarding sexual morality and male, female sex roles. The scale consists of 28 statements reflecting evaluative attitudes toward homosexuality. Sample items from the ATHS are: "Homosexuals should never be allowed to teach school or supervise children"; "Homosexuals are very unhappy people who wish they could be heterosexual"; "If homosexuality is allowed to increase it will destroy our society"; "The number of children seduced by homosexuals is greatly exaggerated." Subjects are to express degrees of agreement or disagreement by rating each item in terms of a 9-point scale with end points labeled "strongly disagree" and "strongly agree." The scale is self-administering, requires 15 to 30 minutes for completion, and is easily hand scored. There are two forms of the ATHS. In one of these, items refer to female homosexuals; in the other, items refer to male homosexuals. The items in both forms are identical except for minor changes in wording to make them sex specific. The ATHS was administered to a sample of 101 subjects, resulting in reliability coefficients of .95 for male subjects and .88 for female subjects. The ATHS was administered to 23 subjects at a meeting of the local homosexual organization. As expected, homosexuals held significantly more positive attitudes toward homosexuality than did the 101 nonhomosexual subjects tested. Further information, a copy of the project summary, and a copy of the scale may be obtained from the author.

THE BEHAVIOR ASSESSMENT FORM

Honolulu, University of Hawaii, 1971.

Annon, Jack S., 1481 South King Street, Suite 343, Honolulu, HI 96814

The Behavior Assessment Form (BAF) is an instrument designed as part of a study aimed at: a) Investigating the sources of sexual anxiety; b) Providing a patient specific index of hierarchically ordered emotional responses to sexual stimuli; and c) Providing a method of assessing changes in sexual attitudes as the result of treatment. The purpose of the BAF and the sexual fear questionnaires that accompany it is to assist in the development and testing of a conceptual scheme for the ordering and treatment of patients' sexual problems from within a learning theory framework. The specific function of the BAF is to provide information on the nature of patients' behavior in a number of diagnostically significant areas. The BAF is divided into five areas of behavior assessment: 1) Problem analysis (behavior excesses, behavior deficits, behavioral assets); 2) Motivational analysis (behaviors indicative of patients' goals, needs or interests); 3) Developmental analysis (biological, sociological, and behavioral changes over time); 4) Analysis of self-control; 5) Analysis of social relationships (nature of interaction with significant others). Sample items from the BAF are: "Which events of known reinforcing or aversive value can be actualized for learning new interpersonal skills or self-attitudes during treatment?"; "What are limitations in client's biological equipment that may affect his current behavior?"; "Are patient's roles in various social settings congruent?"; "In what situations can client control problem behaviors?" The BAF consists of 44 questions to be filled out by the therapist (or experimenter) in consultation with the patient. The instrument was developed from an analysis of those areas reported in the literature relevant to the making of behavioral diagnoses upon which decisions regarding the selection of specific therapeutic techniques are based. Further information and a copy of the BAF may be obtained from the author.

THE BODY CONTACT QUESTIONNAIRE

Archives of General Psychiatry, 1969, 20, 188-191.

Hollender, Marc H., Luborsky, L. B., Scaramella, T. J., Department of Psychiatry, Vanderbilt Hospital, Nashville, TN 37203

The Body Contact Questionnaire (BCQ) is an instrument designed to tap the existence of body contact needs in women. The questionnaire was specifically used to measure the correlation between the intensity of need to be held and the frequency with which sexual intercourse is employed as means for satisfying this need. The BCQ is intended for use with female respondents having at least a tenth or eleventh grade education. The most recent version of the questionnaire consists of 27 items. Items sample such areas as: "Affective states related to the need to be held"; "Physiological states (menses) related to the need to be held"; "Reactions to absence of satisfaction of the need to be held"; "The relationship between sexual intercourse and the need to be held". Sample items from the BCQ are: "It is more helpful to be held than to talk when you are, a) depressed, b) upset or tense, c) angry, d) involved in a marital problem"; "You regard your desire to be held as, a) natural, b) something to keep secret, c) pleasant, d) troublesome, 3) childish; "After sexual intercourse you like to, a) talk, b) be held, c) be alone, d) eat, e) go to sleep." Each of the response options provided beneath each test item is rated in terms of a 5-point scale ranging from "never" to "always." The instrument is self-administered to groups or individuals, requires about 10 to 15 minutes for completion and is hand scored. Reliability and validity data, as well as the applications of the instrument to date are provided in the source document. Further information and a copy of the scale may be obtained from the author.

BROOKE DEVELOPMENTAL INVENTORY

Psychological Reports, 1969, 24, 763-770.

Snortum, John R., Department of Psychology, Pitzer Hall, Claremont Men's College, Claremont, CA 91711

The Brooke Developmental Inventory (BDI) is an instrument designed to yield information about the nature of respondents' developmental homosexual experiences. The instrument is self-administering and intended for use with male subjects. The BDI consists of 100 statements describing childhood experiences. Experiences described relate to the nature of sexual socialization predominantly within the family matrix but also outside of it. Items are constructed as declarative statements which subjects are asked to specify as true (descriptive of their childhood experiences) or false (not descriptive of their childhood experiences). The three scales of the BDI deal with the three areas believed to be most specifically related to the development of homosexual orientations: mother-son relationship, family triangle, and self-concept. Sample items from the mother-son relationship scale are: 1) "My mother told me things she never told my father"; 2) "My mother frequently talked to me about sex"; 3) "My mother encouraged me to hit back if people pushed me around." Sample items from the family triangle scale are: 1) "My father liked me less than my other brothers and sisters"; 2) "My mother and father were interested in the same things"; 3) "My dad seemed to be left out in our family." Sample items from the self-concept scale are: 1) "I rarely worried about being injured as a child"; 2) "I used to think of myself as a weakling"; 3) "My best friend as a child was a girl." Also included in the BDI are a consistency scale comprised of duplicate items, and a lie scale taken from lie items used in the MMPI. Possible areas of application for this instrument include counseling and psychotherapy. Further information and a copy of the instrument are available from the author.

THE COMPOSITE FEAR INVENTORY

Honolulu, University of Hawaii, 1971.

Annon, Jack S., 1481 South King Street, Suite 343, Honolulu, HI 96814

The Composite Fear Inventory (CFI) is an instrument designed as part of a study aimed at: a) Investigating the sources of sexual anxiety; b) Providing a patient specific index of hierarchically ordered emotional responses to sexual stimuli; c) Providing a method of assessing changes in sexual attitudes as the result of treatment. The CFI and the instruments that accompany it were devised to formulate and test a conceptual scheme for the ordering and treatment of sexual problems from within a learning theory framework. The specific purpose of the CFI is to provide information that will permit the construction of hierarchies of general fear arousing stimuli for individual patients, with the intention of using this information to formulate treatment procedures for specific patients and their problems. The CFI was compiled from previously published fear surveys. The CFI consists of 175 items describing various events or objects. Sample items from the CFI are: "Beetles"; "Getting lost"; "Taking tests"; "Members of the opposite sex"; "Sick people"; "Being a leader"; "Masturbation"; "Seeing a psychologist." Subjects are to rate each item on the basis of the degree to which they are disturbed or made fearful by the event or object described. Ratings are made by placing a check in one of five boxes to indicate the amount of fear aroused. The boxes are labeled "not at all," "a little," "a fair amount," "much," "very much." The CFI was administered to a sample of 77 undergraduates. No significant differences were observed in mean total CFI scores among the various subject groups. Further information and a copy of the CFI may be obtained from the author.

THE CONTRACEPTION SURVEY

Chapel Hill, NC, Challenge Foundation, 1972

Joesting, Joan, Sarah Grimke Road, Route 6, Box 154A, Chapel Hill, NC 27514

The Contraception Survey is an instrument designed to measure the sexual attitudes of female respondents. The instrument taps subjects' attitudes in a number of sex related areas: "Abortion"; "The nature of the female sex drive"; "The nature of the male sex drive"; "The male and female sexual roles"; and six fill-in items. Sample true-false items are: "More women die from legal abortions than from childbirth"; "In men, sex is primarily a physical act"; "The only purpose for having sex is to produce babies"; "A woman should be free to have as much sex as she wishes without fear of social censure." Sample fill-in items are: "From what sources have you received your sex education?"; "In your opinion, what is the contraceptive that best prevents pregnancy?" Further information regarding the applications of this survey, as well as a copy of the instrument may be obtained from the author.

THE COURTSHIP QUESTIONNAIRE

Relation of sexual behaviors, values, and conflicts to avowed happiness. *Psychological Reports*, 1965, 17, 371-378.

Wilson, Warner R., Department of Psychology, University of Alabama, University, AL 35486

The Courtship Questionnaire is an instrument designed to measure the extent of behavioral and attitudinal liberality regarding heterosexual contacts reported by respondents. The questionnaire consists of six heterosexual behaviors rank ordered on the basis of the degree of sexual liberality represented by each behavior. The six behaviors are kissing goodnight, necking and smooching, light petting, heavy petting, petting to satisfaction, sexual intercourse. Subjects are asked to rate each of the six behaviors relative to four conditions or degrees of intimacy. A sample item on the questionnaire is: "Light petting, on a first date, after several dates, with a steady, with a fiance(e)." The subject is asked to check what behaviors he would engage in under the various conditions of intimacy. This questionnaire was used to assess the sexual behaviors of male and female college students, as well as for the purpose of measuring students' standards of what behaviors are appropriate under what conditions of intimacy. Subjects were asked to complete the questionnaire under four different instruction sets: 1) Check the statements that describe a behavior of which you think your peers would not disapprove; 2) Check the behaviors that indicate how you would probably behave; 3) Check all the behaviors you approve of or endorse; 4) Check the behaviors of which you think your parents wouldn't disapprove. Discrepancy scores between instructions were obtained by comparing subjects' scores in each of the four instructional conditions. Large discrepancy scores were seen as indicative of sexual value conflict. A separate 10-point scale ranging from completely unhappy to completely happy was administered as an index of adjustment. The authors found a small relationship between adjustment and adherence to traditional conservative values. An experimental application of the questionnaire may be found in Miller, H., Wilson, W. Relation of sexual behaviors, values, and conflict to avowed happiness and personal adjustment. *Psychological Reports*, 1968, 23, 1075-1086. Further information and a copy of the questionnaire may be obtained from the author.

FAMILY BACKGROUND QUESTIONNAIRE

Loma Linda, CA, School of Medicine, Loma Linda University, 1969.

Evans, Ray B., Department of Psychiatry, School of Medicine, Loma Linda University, Loma Linda, CA 92345

The Family Background Questionnaire consists of 27 items to be answered by the respondent concerning his fears, activities and family relationships as a child. Each item is answered on a 4-point scale. Some sample items are: "Did your parents share similar interests?" (great many, several, few, none); "In her relationship with your father and/or other men, what kind of person do you feel your mother was sexually?" (frigid, cold, warm, hot)· "Did your father encourage your masculine attitudes and activities?" (often, sometimes, seldom, never). The questionnaire was adapted from the work of I. Bieber. It has been used to differentiate homosexual males from heterosexual males. See *Journal of Consulting and Clinical Psychology*, 1969, 33, 129-135, and Thompson, N. L., McCandless, B. R., & Strickland, B. Personal adjustment of male and female homosexual and heterosexuals. *Journal of Abnormal Psychology*, 1971, 78, 237-240. A copy of the instrument may be obtained from the author.

THE INTIMACY PERMISSIVENESS SCALE

Value-behavior discrepancies regarding premarital coitus in three western cultures. *American Sociological Review*, 1962, 27, 66-74.

Christensen, H. T., & Carpenter, G. R., no address for first author

The Intimacy Permissiveness Scale (IPS) is an instrument designed to measure attitudes toward premarital intimacy ranging from highly permissive to highly restrictive. The instrument was developed to tap: a) Attitudes regarding premarital sex intimacy, b) Actual rates of premarital coitus, c) Comparisons between the two. The IPS consists of 10 Guttman type items describing varying degrees of premarital sexual permissiveness. Sample items from the scale are: "I would prefer marrying a non-virgin"; "I would prefer marrying a virgin"; "It is best not to try to prohibit erotic and obscene literature by law, but rather to leave people free to follow their judgement and taste in such matters"; "Premarital pregnancy is nothing to be ashamed of or to hide, provided that the couple is in love and later gets married." Subjects express agreement or disagreement by placing a check beside those items that they endorse. The range of scores is thus "0" to"10," with higher scores reflecting increasingly more favorable attitudes toward premarital intimacy. The IPS was given to a sample of 235 Danish students, 344 midwestern university students, and 168 intermountain, Morman, university students. The three groups were assumed to represent a continuum of sexual permissiveness, an assumption that was confirmed by IPS scores with Danish respondents being most permissive, Morman respondents most restrictive, and midwestern respondents in the middle. Reliability coefficients ranging from .90 to .96 were observed for the scale. The instrument has been applied in a study investigating the relationship between negative attitudes toward homosexuality and conventional attitudes regarding sexual morality and the maintenance of male-female sex roles. A copy of the instrument and the project summary describing this study may be obtained from its author, A. P. MacDonald, Jr., The Frank Porter Graham Child Development Research Center, The University of North Carolina, Chapel Hill, NC 27514.

THE LIFE HISTORY QUESTIONNAIRE

Honolulu, University of Hawaii, 1971.

Annon, Jack S., 1481 South King Street, Suite 343, Honolulu, HI 96814

The Life History Questionnaire (LHQ) is an instrument designed as part of a study aimed at: a) Investigating the sources of sexual anxiety; b) Providing a patient specific index of hierarchically ordered emotional responses to sexual stimuli; and c) Providing a method of assessing changes in sexual attitudes as the result of treatment. The LHQ was devised to assist in the development and testing of a conceptual scheme for the hierarchical ordering of sexual problems and their treatment from within a learning theory framework. The specific function of the LHQ was to provide information on the background of subjects in such areas as family history, education, religious attitudes, etc. The questionnaire consists of 62 questions that sample six areas of information: "General background"; "Family background"; "Education"; "Occupation"; "Marital background"; "Clinical background." Sample items from each of these respective areas are: "Rural or urban background?"; "Were you able to confide in your parents?"; "Highest degree received?"; "Does your present work satisfy you?"; "In what areas is there compatibility between you and your spouse?"; " State in your own words the nature of your chief complaint." The LHQ was designed for clinical use with individuals whose major problems are in the area of sexual adjustment and who do not display other physical or mental pathology. Further information and a copy of the LHQ may be obtained from the author.

MAFERR INVENTORY OF FEMININE VALUES

The development of a program for the psychological study of the perceptions of sex roles. New York, Maferr Foundation, 1968.

Steinmann, Anne, & Botwin, Alexandra, 9 East Eighty-first Street, New York, NY

The Maferr Inventory of Feminine Values is an instrument designed to measure the perceptions of male and female respondents regarding the female sex role. The instrument parallels the Inventory of Masculine Values which is designed to measure male and female perceptions of the male sex role. The instrument consists of 34 items, each expressing a particular value judgment relating to women's activities, goals, and satisfactions. Respondents are asked to indicate strength of agreement or disagreement in terms of a 5-point Likert type rating scale ranging from "completely agree" to "completely disagree" with a midpoint at "no opinion." Half of the items describe the family-oriented female whose own satisfactions are held as secondary to those of her family and her husband. The second half of the items describe the self-oriented female who regards her own satisfactions and aspirations as equally important as those of her family and her husband. Sample items describing these two orientations respectively are: "An ambitious and responsible husband does not like his wife to work"; "A woman should have interests outside the home." Female respondents are asked to fill out three forms of the inventory. The first form measures how the female perceives herself and her female role; the second measures how the respondent predicts "man's ideal woman" would answer inventory items. Male respondents are similarly given two forms of the inventory. In the first form, male respondents must select items that describe "woman's ideal woman." The test requires 30 minutes per form to complete, and five minutes per form to score. Normative data, reliability, and validity information are available in the Manual of Interpretation. Approximately 25,000 females have been tested in the U.S.A. alone. This publication and a copy of the inventory may be obtained from the first author.

MAFERR INVENTORY OF MASCULINE VALUES

The development of a program for the psychological study of the perceptions of sex roles. New York, Maferr Foundation, 1968.

Steinmann, Anne, & Fox, David J., 9 East Eighty-first Street, New York, NY 10028

The Maferr Inventory of Masculine Values is an instrument designed to measure male and female perceptions of the male sex role. The instrument parallels the Inventory of Feminine Values which is designed to measure male and female perceptions of the female sex role. The instrument consists of 34 items describing various masculine behaviors and attitudes. Respondents are asked to indicate strength of agreement or disagreement with the item in terms of a 5-point Likert type rating scale ranging from "completely agree" to "completely disagree" with a midpoint at "no opinion." Half of the masculine role items describe the family-oriented masculine role, i.e., the man who does not see his own satisfactions as more important than his wife or family. The other half of the items describe the self-achieving male role, i.e., the man who considers his own satisfactions to be of primary concern. Male respondents are asked to fill out three forms of the inventory. In the first form, the subject must respond to the items in terms of how he perceives his own male role; in the second, he must respond as the "ideal" male would respond; in the third form, the respondent is asked to answer items as he would predict the man whom women consider ideal would answer the items. Female respondents are similarly asked to rate two forms of the inventory. In one form, females are asked to select items that describe their ideal man; in the second form they are asked to predict how the ideal man would respond to the items. The test requires 30 minutes to complete per form and five minutes per form to hand score. A detailed description of the instrument, its development and standardization, will be published in the Maferr Foundation Inventory of Masculine Values Manual. Approximately 12,000 males have been tested in the U.S.A. alone. Further information and a copy of the instrument may be obtained from the first author.

MALE AND FEMALE PREMARITAL SEXUAL PERMISSIVENESS SCALES

The social context of premarital sexual permissiveness. New York: Holt, Rinehart & Winston, 1967.

Reiss, Ira L., Minnesota Family Study Center, 1014 Social Sciences Building, University of Minnesota, Minneapolis, MN 55455

The Male and Female Premarital Sexual Permissiveness Scale (PSPS) is an instrument designed to measure the degree of premarital sexual permissiveness and to try to attain some understanding of the determinants of premarital sexual permissiveness. There are two separate scales. One has a series of 12 questions concerning male sexual permissiveness. The PSPS has been used on subjects from ages 14 to 92 in local and national samples. It has also been used on subjects with different educational levels. Each form of the PSPS requires about 5 to 10 minutes to complete. Each scale goes from a low level of premarital sexual permissiveness which allows only "kissing when engaged," to a high level of premarital sexual permissiveness which allows intercourse with a casual acquaintance. Sample items include: "I believe that petting is acceptable for the male before marriage when he is in love"; "I believe that full sexual relations are acceptable for the female before marriage when she is in love." The respondents answer these questions on a 6-point agree-disagree scale. Normative data, reliability and validity discussions, scale development information, scoring and administration information, and a copy of the instrument are available in in the source document. A copy of the instrument may also be obtained from the author.

MARITAL AND SEXUAL ADJUSTMENT QUESTIONNAIRE

The marital and sexual adjustment of couples who chose vasectomy as a form of birth control. Journal of Marriage and the Family, 1965, 27(1), 57-58.

Poffenberger, Thomas, Landis, Judson T., & Poffenberger, Shirley B., Department of Population Planning, School of Public Health, University of Michigan, Ann Arbor, MI 48104

The Marital and Sexual Adjustment Questionnaire (abstractor's title) is an instrument designed to elicit information from a husband who has had a vasectomy. The respondent is questioned as to the reason for the vasectomy, fear of pregnancy, distrust for contraceptives, economics, etc. He is also asked about the improvement or impairment he encountered in his relationship with his wife after surgery; the degree ofinterruption that surgery had to his normal living pattern (resumption of intercourse, missing work, etc.); post-operation changes in sexual desire (increase, decrease, no change); frequency of intercourse before and after vasectomy; enjoyment of sexual intercourse; and the willingness to recommend vasectomy to a friend. The questions in an intensive interview survey of a small sample were open-ended. A questionnaire form developed from the survey was mailed to a random sample of all vasectomies performed by the surgeon over a period of years. Studies using the questionnaire have been reported in the following articles: Poffenberger, T. Two thousand voluntary vasectomies performed in California. Marriage and Family Living, 1963, 25, 469-474; Poffenberger, T., & Poffenberger, S. Vasectomy as a preferred method of birth control: A preliminary investigation. Marriage and Family Living, 1963, 25, 326-330; Landis, J. T., & Poffenberger, T. The marital and sexual adjustment of 330 couples who chose vasectomy as a form of birth control. Journal of Marriage and the Family, 1966, 15, 143-148; Landis, J. T., & Poffenberger, T. Hesitations and worries of 330 couples choosing vasectomy for birth control. The Family Life Coordinator, 1966, 15, 143-148. A copy of the questionnaire and other information may be obtained from the first author.

MOSHER F-C GUILT-INVENTORY

Journal of Consulting and Clinical Psychology, 1968, 32, 690-695.

Mosher, Donald L., Department of Psychology, University of Connecticut, Storrs, CT 06268

The Mosher F-C Guilt Inventory was designed to measure the personality disposition of guilt in female subjects. The instrument is a forced choice format inventory consisting of 39 items. Items consist of unfinished statements or words concerning a number of sex related subjects. Subjects must complete the sentence by choosing one of two alternative responses. The two alternatives provided express opposing attitudes that reflect varying degrees of guilt associated with an act or event. A sample item from the inventory is: "When I have sexual desires . . . a) I know it's only human, but I feel terrible; b) I usually express them." The instrument is self-administering and requires 20 to 30 minutes for completion. Scoring is done by hand. The stems and paired completions used in this inventory were developed from the responses of college women to the Mosher Incomplete Sentence Tests, in which subjects were asked to complete phrases such as "When I tell a lie . . ."; "To kill in war . . . ." There is also a true or false format version of the inventory in which subjects rate items in terms of true and false response alternatives. Reliability and validity information are available in the source document. Further information and copies of the inventories may be obtained from the author.

THE NATIONAL OPINION RESEARCH CENTER SURVEY 4088
Chicago, University of Chicago, 1970.

Klassen, Albert D., Institute for Sex Research, Indiana University, Morrison Hall 416, Bloomington, IN 47401

The National Opinion Research Center Survey 4088 is an interview questionnaire used Fall, 1970, in a national sample survey of what adults think about various kinds of sexual behavior. A great number of family history questions are included with the aim of investigating the relationship between adult sexual attitudes and various biographical facts, such as: "Religious beliefs"; "Parental sex roles"; "Education"; "Occupation"; and "Punitive practices"; "Degree of childhood and adult homo- and heterosexual exposure and/or contact," etc. The interview also includes a self-report booklet which records postpubertal frequency and age information for homo- and heterosexual behaviors. The interview was planned to tap information regarding childhood socialization, characterization of parents by respondent and similarity of parental characterizations with self-characterization, and attempt to measure feminimity and masculinity in the parent-child triad. Sample questions asked are: "How much do the following describe your father in sexual matters, moral about sex? serious about sex? a sexual person? avoiding sex?"; "Do you know of any possibility that your mother (or father) wished you had been born a (opposite sex) when you were born?" Socialization questions were developed in consultation with several psychiatrists, with the intention of testing hypotheses as to the etiology of homosexual orientations. Also included in the questionnaire are various items taken from other tests designed to measure psychological maladjustment. In addition, questions investigating frequency of suicide attempts and frequency of seeking professional help for personal and emotional problems, will be used in an attempt to relate these and other indices of psychological maladjustment to different types of adult sexual attitudes. No normative, reliability, or validity information is yet available. Precoded responses are used throughout the interview. Further information and a copy of the interview may be obtained from the author.

THE SEX ATTITUDE SCALE
Montclair, NJ, Montclair State College, 1973.

Rotter, George S., Director of Research, Educational Foundation for Human Sexuality, Montclair State College, Upper Montclair, NJ 07043

The Sex Attitude Scale Form J is an instrument designed to collect the responses of experts (i.e., those psychologists affiliated with the Divisions of Clinical Psychology or Psychotherapy of the American Psychological Association, or those who have published in the area of sexual adjustment) regarding male and female sexual adjustment and maladjustment. Persons with expertise in the area of sexuality and mental health were solicited to respond to 100 sexual attitude items in the way they believed a sexually adjusted and maladjusted person might. More specifically, of those experts contacted, one fourth were asked to fill out the questionnaire as a sexually adjusted female might, one fourth the way a sexually maladjusted female might, one fourth the way a sexually adjusted male might, and one fourth the way a sexually maladjusted male might. Selection into one of the above groups was made at random. For the purposes of the Sex Attitude Scale, included as sexual maladjustment are not those types of disorders traditionally grouped under the heading of pathology, e.g., rapist, child molester, overt homosexual, exhibitionist, etc. Sample items are: "All men have a trace of femininity in them"; "It is abnormal for girls to masturbate"; "Compulsory sex education is an invasion of privacy." Ratings are made in terms of a 7-point scale ranging from "totally agree" (+3) to "totally disagree" (-3), with "0" representing neutral ratings. The instrument taps such areas as sex roles, genital sexuality, sex education, etc. The scale requires about 15 minutes for completion. Analyses of the responses collected will be made to determine: 1) The items for which there exist differences between adjusted and maladjusted sexual types; 2) The differences in the conceptions of what constitutes female maladjustment and what constitutes male maladjustment; 3) The areas in which there exists consensus of disagreement among judges as to what constitutes maladjustment; and 4) How the responses of psychologists compare to the responses of other criterion groups, such as sex educators. The scales were mailed to selected respondents with self-addressed, return envelopes and instructions regarding the nature of the project. Further information regarding the project and a copy of the Sex Attitude Scale may be obtained from the author.

SEX KNOWLEDGE AND ATTITUDE TEST
Philadelphia, University of Pennsylvania, Division of Family Study, 1970.

Lief, Harold I., & Reed, David M., Division of Family Study, Department of Psychiatry, University of Pennsylvania School of Medicine, 4025 Chestnut Street, Philadelphia, PA 19104

The Sex Knowledge and Attitudes Test (SKAT) is an instrument designed to measure knowledge about and attitudes concerning sexual behavior. The instrument was developed in order to investigate the relationship between level of knowledge and nature of attitudes endorsed. The SKAT consists of four parts. Part I contains 35 items intended to tap respondents' attitudes regarding a number of sexual issues and opinions present in this culture. Sample items are: "Premarital intercourse is morally undesirable"; "Masturbation is generally unhealthy"; "Abortion should be permitted whenever desired by the mother"; "Women should demand the same sexual freedom given men." Respondents rate Part I items in terms of five response alternatives ranging from "strongly agree" to "strongly disagree." Part II of the SKAT is designed to tap the level of respondents' factual knowledge regarding sexual behavior. Part

II consists of 71 statements describing known facts about sexual behavior, and erroneous opinions or truisms commonly held by individuals. Sample items from Part II are: "Certain foods render the individual much more susceptible to sexual stimulation"; "Direct contact between penis and clitoris is needed to produce female orgasm during intercourse"; "In our culture some homosexual behavior is a normal part of growing up." Subjects rate items in Part II by selecting either "true" or "false" for each item. Part III contains 13 items designed to tap the biographic characteristics of respondents. Sample items are: "Age"; "Sex"; "Race"; "Father's occupation"; "What was the earliest sex education you had?" Part IV contains 27 items which sample respondent's actual sexual experiences and sexual adjustment. Section IV lists 10 sexual experiences (e.g., "Intercourse with a variety of foreplay"; "Intercourse with a variety of partners") which subjects must rate as to frequency of occurrence in terms of "never," "once," "two to five times," "over five times." The remainder of Part IV items are forced choice and fill-in items. A sample of the former is: "How do you rate yourself in comparison with your peer group's sexual adjustment?" A sample of the latter is: "Is your value system conservative (in favor of traditional standards)?" The entire SKAT requires about one hour for completion. The instrument may be administered to groups or individuals. The SKAT was developed as part of a study investigating sex education and sexual attitudes. Further information regarding the instrument's use and a copy of the SKAT may be obtained from the author.

THE SEX-ROLE SURVEY

Attitudes toward homosexuality: Preservation of sex morality on the double standard? *Journal of Consulting and Clinical Psychology*, 1973, in press.

MacDonald, Alfred P., Huggins, Jim, Young, Susan, & Swanson, Richard A., The Frank Porter Graham Child Development Research Center, The University of North Carolina, Chapel Hill, NC 27514

The Sex-Role Survey was developed to measure attitudes concerning social equality between the sexes. From an item and factor analysis of 169 sex role items, the 22 items that showed the highest internal consistency correlation with the total test score were selected to comprise the present instrument. Sample items from the survey are: "Woman's work and man's work should be fundamentally different in nature"; "A woman should have the same freedom from rules and regulations as a man"; "Women do not belong in politics. Subjects are asked to rate each statement in terms of a scale consisting of "+3," to "-3." The numbers along the scale are designated by labels changing from "I agree very much" to "I disagree very much." The more favorable a subject's attitude toward equality between the sexes, the higher his score on a given item. The survey is self-administering, requires about 15 to 30 minutes for completion and is easily hand scored. The survey has been administered to a sample of 101 males and females in an attempt to investigate the relationship between attitudes toward homosexuality and preference for the sexual double standard. Cronbach alpha reliability coefficients of .91 for males and .82 for females were observed. Further information, a copy of the project summary and a copy of the instrument may be obtained from the author.

THE SEXUAL ATTENTION QUESTIONNAIRE

Los Angeles, University of California, Student Health Service, 1972.

Husted, June, & Nelson, Edward, Veterans Administration Hospital, 5901 East Seventh Street, Long Beach, CA 90801

The Sexual Attention Questionnaire (SAQ) is an instrument designed to survey the thoughts and situations which may occupy a respondent's attention during sexual intercourse. The specific purpose of the questionnaire is to evaluate the frequency at which these thoughts occur to subjects during intercourse and the degree or intensity to which they have interfered with the respondent's sexual arousal. The instrument was developed as one of many psychological tests administered to individuals seeking psychological counseling for sexual dysfunction. Information provided is used to evaluate and formulate therapeutic goals. The SAQ consists of two parts. Part I contains 35 items which the subject rates in terms of a 0-to 4-point frequency scale ranging from "never" to "always." The intensity of sexual inhibition is rated in terms of a 0- to 4-point scale ranging from "none" to "severe." Two spaces are provided beside each item for frequency "F" and intensity (I) ratings. Part II of the SAQ consists of 31 items designed to tap sexual experience, factual knowledge of sex, and present sexual adjustment. Sample items from Part II are: "What age did you first experience sexual intercourse?"; "Do you masturbate?"; "Do you consistently reach orgasm?" All Part II items are open-ended and require respondents to fill in information. There are parallel male and female forms of this measure. The questionnaire requires about 30 minutes for completion and may be administered to groups or individuals. The major uses of the SAQ have been as a diagnostic clinical tool. This is the preliminary form of the questionnaire. Revisions and evaluations of normative data are in progress. Further information regarding applications of the questionnaire and copies of the instrument may be obtained from the author.

THE SEXUAL ATTITUDE SCALE

A study of students' sex attitudes and teachers' perceptions of students' sex attitudes. Psychology in the schools, 1970, 7, 172-174.

Soares, Louise M., & Soares, Anthony T., Psychology Department, University of Bridgeport, Bridgeport, CT 06602

The Sexual Attitude Scale is an instrument designed to tap the sexual opinions of economically disadvantaged high school students. The instrument was employed specifically for the purpose of assessing changes in sexual attitudes following exposure to a 6-week special teaching unit on sex and sexual relationships. The instrument was simultaneously employed to measure teacher's perceptions of disadvantaged students' sexual attitudes, as compared to those of middle class students. The instrument consists of 31 items which subjects responded to by checking one of the following: "yes," "maybe yes," "maybe no," "no." Sample items are: "Do you think you know all you need to know about veneral disease?"; "I'd rather enjoy myself and not worry about the future"; "Sex is dirty"; "A girl proves she is a woman by having a baby"; "A boy proves he is a man when a girl has his baby." The instrument requires 10 to 15 minutes for completion and is hand scored. The scale was administered to 71 middle-class teachers and to 75 disadvantaged high school students exposed to a special sex education unit. The scale was also completed by 38 disadvantaged high school students who acted as controls. The teachers were asked to fill out the same attitude scale twice, once as they felt the lower class subjects would, and once as they felt middle class students would. The experimental group was given the scale in two trials, a pretest trial before the special instruction unit, and a posttest trial after completion of the special unit. High convergence was found between teachers' perceptions of lower class responses and the pretest responses of the experimental group. Similarly, a high correspondence was found between teachers' middle class responses and the experimental group's posttest scores. Both the students' pretest and posttest scores, and the teachers' lower class versus middle class responses were significantly different. Further information and a copy of the scale may be obtained from the author.

SEXUAL ATTITUDE SEMANTIC DIFFERENTIAL

A contribution to the measurement of sexual attitude: The semantic differential as a measure of sexual attitude in sexual deviations. Journal of Nervous and Mental Disease, 1968, 145(6), 441-451.

Marks, Isaac M., & Sartorius, Norman H, Institute of Psychiatry, The Maudsley Hospital, Denmark Hill, London, S.E. 5, England

The Sexual Attitudes Semantic Differential, consisting of a set of scales assessing sexual as well as general evaluation, was designed to measure attitude change in patients with sexual deviations. The semantic differential format was chosen as it is a useful, reliable, and valid measure of attitudes; it is simple to administer; it reflects clinical observation of changes, and its scores can be treated statistically. In developing the instrument, 13 bipolar scales consisting of two adjectives of opposite meaning were selected to scan aspects of meaning thought to have special clinical significance in the treatment of sexual deviations. Scales one to six are general evaluative (pleasant-unpleasant, warm-cold), scales 7 to 10 are sex evaluative (seductive-repulsive, erotic-frigid) and scales 11 to 13 reflect anxiety (calm-anxious, relaxed-tense). Each pair of adjectives is arranged with an adjective at each end of a 7-point scale. In research applications of this instrument, seven sexual and 13 nonsexual concepts were judged on the 13 scales. Subjects were 15 inpatients and five outpatients of the Maudsley Hospital. Eight of these patients had sexual deviations. Three of four factor analyses of the instrument yielded the three expected factors of general evaluation, sex evaluation, and anxiety. Test-retest correlations for the individual scales ranged from .61 to .85 for the nonsexual concepts and from .44 to .80 for the sexual concepts. Test-retest correlations for factor scores ranged from .87 to .90 for the nonsexual concepts and from .71 to .84 for the sexual concepts. On the dimensions of general evaluation and sexual evaluation, eight transvestites and fetishists treated with foradic aversion therapy showed marked selective devaluation and desexualization of concepts about sexual deviance, with insignificant changes in other concepts. Change on sex evaluative scales was significantly greater than the change on general evaluative scales. A copy of the instrument is available in the source document.

SEXUAL ATTITUDE SURVEY

Dogmatism and personal sexual attitudes. Psychological Reports, 1968, 23, 1105-1106.

Kilpatrick, Dean G., Cauthen, N. R., Sandman, C. A., & Quattlebaum, L. F., Veterans Administration Hospital, 109 Bee Street (183), Charleston, SC 29403

The Sexual Attitude Survey (SAS) is designed to measure sexual liberality of attitudes and behavior. It comprises 17 biographical questions (such as age, sex, religious preferences, family background, dating history, source of sex education) and 12 multiple-choice items tapping sexual attitudes. A typical item is: "Sexual intercourse is permissible, 1) only in marriage; 2) only if the couple is engaged; 3) if both boy and girl are in love; 4) if the couple has dated for a long time; 5) with anyone, with no restrictions other than discretion." Each of these items is to be answered according to the subject's own views, as well as according to what he or she thinks most of the opposite sex will answer and what he or she thinks most of own sex will answer. Reliability and scoring data are available in the source document. Other studies in which the instrument has been used are: Kilpatrick, D. G., & Cauthen, N. R. The relationship of ordinal position, dogmatism, and personal sexual attitudes. Journal of Psychology, 1969, 72, 115-120; Sutker, P. B., & Gilliard, R. S. Personal sexual attitudes and behavior in blacks and whites. Psychological Reports, 1970, 27, 753-754; Sutker, P. B., Sutker, L. W., & Kilpatrick, D. G. Religious preference, practice and personal sexual attitudes and behavior. Psychological Reports, 1970, 26, 835-841. More information and a copy of the instrument may be obtained from the first author.

THE SEXUAL FEAR INVENTORY

Honolulu, University of Hawaii, 1971.

Annon, Jack S., 1481 South King Street, Suite 343, Honolulu, HI 96814

The Sexual Fear Inventory (SFI) is an instrument designed as part of a study aimed at: a) Investigating the sources of sexual anxiety; b) Providing a patient specific index of hierarchically ordered emotional responses to sexual stimuli; and c) Providing a method of assessing changes in sexual atttitudes as the result of treatment. The SFI and the instruments that accompany it were devised to formulate and test a conceptual scheme for the hierarchical ordering and treatment of sexual problems from within a learning theory framework. SFI items were developed from an analysis of literature reporting similar hierarchies of fear arousing sexual stimuli employed in desensitization studies, as well as from a number of sexual attitude scales. The inventory was designed for clinical use with individuals whose major problems are in the area of sexual adjustment and who do not display other physical or mental pathology. The inventory consists of 30 items of a general nature, 30 items that involve the subject personally, 20 items concerned with social relationships, and 50 items pertaining to mutual physical contact of a progressively more intimate nature. Items describe objects, events, or situations of varying degrees of sexual salience. Sample items from each area of the SFI are: "Wife swapping"; "Talking to others about sex"; "A male smiles at you"; "Biting a female." Subjects are to rate each item on the basis of the degree to which they are disturbed or made fearful by the object or event described. Ratings are made by placing a check in one of five boxes describing the amount of fear aroused in terms of "not at all," "a little," "a fair amount," "much," "very much." There are two forms of the SFI, one for males and one for females. The forms are virtually identical with only minor changes in wording to make items sex specific. Normative data were collected from an administration of the SFI to 78 undergraduate students. Significant differences were observed between scores of males and females and between scores of married and single females, with scores of married females approaching those of males. Further information and a copy of the SFI may be obtained from the author.

THE VD QUESTIONNAIRE

San Francisco, Scientific Analysis Corporation, 1972.

Morgan, Lester B., Scientific Analysis Corporation, 4339 California Street, San Francisco, CA 94118

The VD Questionnaire is an instrument designed to assess attitudes toward venereal disease treatment. The instrument was designed primarily for administration to homosexual respondents. The questionnaire was developed as a public attitude and practice survey sponsored in conjunction with the San Francisco Venereal Disease Clinic. The questionnaire contains 59 items tapping such areas as biographic data, sexual hygiene, knowledge and opinion of city VD clinics, reluctance to seek venereal disease treatment because of homosexuality, etc. Sample items from the questionnaire are: "Do you have VD checkups?"; "If you were diagnosed as having a venereal related problem that could not be treated for free at the city clinic, would you be willing to pay a small fee (less than $5.00) to receive the necessary treatment there?"; "If you were treated for VD would you give the clinic the names of your sexual partners?" Response options for items vary from forced choice and rating scale items to fill-in format items. The VD questionnaire is self-administering to groups or individuals and requires about five minutes to complete. The instrument is designed so that scoring directly involves keypunching data onto computer cards for machine processing. The major application of the questionnaire to date has been in an attitude and practice survey of 768 persons (the majority of whom were homosexual). A report of these findings is now in preparation. The VD Questionnaire is equally applicable to heterosexual samples. Further information and a copy of the questionnaire may be obtained from the author.

SOCIAL ISSUES

ABORTION QUESTIONNAIRE

A measure of attitudes toward abortion. Journal of Community Psychology, 1973, 1, 31-33.

Lackey, Hecht S., & Barry, John R., Institute of Social Welfare Research, University of Georgia, 1260 S. Lumpkin, Athens, GA 30601

The Abortion Questionnaire is an instrument designed to measure attitudes toward abortion. The instrument was intended for use with both men and women. The questionnaire contains 55 statements to which subjects are asked to respond with one of five alternatives from "strongly agree" to "strongly disagree." Sample items are: "I couldn't stay friends with someone who had gotten an illegal abortion"; "All abortion laws should be struck down"; "Lightened abortion laws show moral decay in the society." The authors report reliability coefficient of .90. Preliminary validity data are available in the instrument. An additional reference is Lachey, H. S., Jr. The measurement of attitudes toward abortion, Unpublished master's thesis, University of Georgia, 1971. A copy of the instrument is available from John R. Barry, Department of Psychology, University of Georgia, Athens, GA 30601.

ACTIVITY SCALE

Activists and nonactivists: A psychological study of American college students. New York: Behavioral Publications, 1972.

Kerpelman, Larry C., & Weiner, Michael J., 472 Bay Road, Amherst, MA 01002

The Activity Scale (ACT) is a 24-item scale designed to assess level of political activity. Twelve items (ACT-A) question subjects on their actual frequency of participation in political activity during the last three years while remaining 12 items (ACT-D) ask subjects for desired frequency of participation in the same activities during the same period had the respondent been free of all social, financial, and educational obligations. Subjects are instructed to respond to each item on a 5-point scale ranging from zero times to seven or more times. A sample item is: "How many times in the past three years have you organized a group to support or protest a political or social issue?" Scoring of the ACT is a simple sum of weighted response alternatives. Response alternatives are weighted "1" to "5." These are summed for the subscales: ACT-A consists of the sum for items 13 through 24. In research applications of this instrument, odd even split-half reliability of ACT-A was found to be .93, while reliability of ACT-D was .96; ACT scores indicated a difference in political activism between the activists and the nonactivists, and left-oriented subjects in general tended to be more politically active than middle or right-oriented students. (Kerpelman, L. C. Student political activism and ideology: Comparative characteristics of activists and nonactivists. Journal of Counseling Psychology, 1969, 16, 8-13). A copy of the instrument is available from the author.

ATTITUDE AND EXPERIENCE INTERVIEW SCHEDULE FOR U. S. INSTITUTE EMPLOYEES

Baltimore, Johns Hopkins University, 1968.

Rossi, Peter H., Berk, Richard A., Boesel, David P., & Groves, W. E., Department of Social Relations, The Johns Hopkins University, Baltimore, MD 21218

The Attitude and Experience Interview Schedule for U. S. Institute Employees is an interview format questionnaire designed as part of a civil disorder study aimed at investigating possible causes of such disorders in primarily black urban ghettos. The rationale behind the interview is that the urban poor conceptualize American institutions in terms of the representatives of those institutions with whom they come into contact, for example, educators, policemen, social workers, and political workers. It is theorized by the authors that the quality of the contact between the urban citizen and such social representatives has a bearing on the occurrence of civil disorders. The interview is thus intended to investigate what kinds of attitudes and practices are being delivered to the poor, urban citizens by these representatives. The first section deals with the attitudes toward the nature and cause of social disorders, and taps opinions regarding the treatment and social position of Negroes, the attitudes of white citizens toward black citizens, and the attitudes of black citizens toward white citizens. The second section investigates biographical characteristics such as socioeconomic status and religion of the various community employees sampled. The remainder of the interview is divided into questions specifically designed to tap the attitudes and experiences of police, educators, social workers, employers, retail merchants, and political workers who are employed in black urban ghettos. Sample items from each of these sections are: (Police) "Do people respond to reason and respect, or do most people respond primarily to power and force?"; (Educators) "Compared to white parents of about the same socioeconomic status, are Negro parents more or less concerned with the education and welfare of their children?"; (Social workers) "Are Negroes more apt to cheat on the system?"; (Employers) "What would you estimate to be the proportion of Negroes among your unskilled workers?"; (Retail merchant) "Do you have any customers whom you would call personal friends?"; (Political workers) "About how many hours a week do you spend talking with the voters in your district?" Further information and a copy of the project summary and the interview are available from the author.

ATTITUDE TOWARD LAW, COURTS, AND POLICE SCALE
Sociological Focus, 1968, 2(2), 29-39.

Cleaver, Patrick T., Mylonas, A. D., & Reckless, Walter C., no address for first author

The Attitude Toward Law, Courts, and Police Scale is a questionnaire designed to measure the nature of an individual's attitudes toward the law, the courts, and police. The scale consists of 42 items, "law items," "court items," and "police items." Some sample items from these respective areas are: "The law is for the rich to obey and the poor to ignore"; "Almost any jury can be fixed"; "Policemen are more loyal to police than to citizens." Responses to items may range from "strongly agree" to "strongly disagree." Allowance also is made for undecided responses. The test was developed from an original 110-item scale which was administered to 100 Ohio penitentiary prisoners. From results obtained in this preliminary administration, 89 items were selected which were administered to samples of criminal and noncriminal groups throughout the world with consistently distinct responses being observed for the two groups. A final study reduced the number of items to the present 42 items which comprise the scale, with item selection being made on the basis of the greatest significant difference between the mean score on each item for the Ohio penitentiary inmates and a sample of noncriminal labor union members. Response norms for this scale have not been developed. The authors suggest the use of scores obtained with this tool to investigate the directionality of responses (favorable or unfavorable) for various criterion groups. Reliability and validity data are available in Cleaver, P. T., Mylonas, A. D., & Reckless, W. C. Gradients in attitudes toward law, court and police. *Sociological Focus*, 1968, 2(2), 29-39. Further information and a copy of the scale may be obtained from the second author, W. C. Reckless, Department of Sociology, Ohio State University, 1775 South College Road, Columbus, OH 43210.

THE ATTITUDES TOWARD ABORTION ATTITUDE SCALE
Attitudes toward abortion: A regional comparison study of physicians. Virginia, Randolph-Macon Women's College, 1971.

Murray, Frank S., Cummings, Nancy M., & Ware, Jennifer L., Department of Psychology, Randolph-Macon Women's College, Lynchburg, VA 24503

The Attitudes Towards Abortion Attitudes Scale is an instrument designed to tap respondent's opinions regarding abortion. The scale is comprised of 27 items. Items consist of statements reflecting either positive or negative attitudes toward abortion. Sample items from the scale are: "The world population problem will work itself out"; "I don't believe that the killing of a human embryo is the same as murder"; "Abortion is psychologically damaging to the mother"; "The decision to have an abortion or not should be left up to the individual." Items are rated by circling the numbers of those items with which the respondent agrees. The instrument was developed from an original 20-item scale of the same nature developed by the author. Seven neutral or intermediate items were added to these 20 to produce an experimental 27-item scale. These 27 items were then scaled by 107 college students who were asked to place a number from 1 to 11 beside each item, with a rating of 1 indicating the item was judged to be strongly unfavorable toward abortion, and a rating of 11 indicating the item was judged to be strongly favorable. The reliability of these scaled judgements justified the retention of all the 27 items in the final scale. The responses of students in Lynchburg, VA, and students in New York City were significantly correlated, demonstrating that although the two regions have different laws regarding abortion, residents of both regions show generally favorable attitudes toward abortion. Further information and a copy of the attitude scale may be obtained from the first author.

ATTITUDES TOWARD VIOLENCE INTERVIEW SCHEDULE
Justifying violence: Attitudes of American men. Ann Arbor: Institute for Social Research, 1972.

Blumenthal, Monica D., Kahn, Robert L., Andrews, Frank M., & Head, Kendra B., Institute for Social Research, Survey Research Center, University of Michigan, Ann Arbor, MI 48106

The Attitudes Toward Violence Interview Schedule is an instrument developed as part of a national survey on attitudes toward violence. The survey interview schedule taps attitudes related to violence in two areas or scales: 1) Violence for social control (i.e., how much police force should be used in the control of incidents of civil disorder such as ghetto disturbances, campus disturbances, and hoodlum gang disturbances?), and 2) Violence for social change (i.e., how much property damage and personal injury respondents feel is necessary to bring about rapid social change?). The survey also taps what sorts of acts are perceived as violent, attitudes toward the behavior of particular participants of violent acts (e.g., white dissenters, black dissenters, police), and attitudes toward retributive justice (e.g., endorsement of capital punishment, the use of violence to prevent violence, the use of violence as self-defense). The interview consists of 200 open-ended and multiple-choice items. Sample items from the schedule are: "Do you think of police shooting looters as violence?"; "Do you think poverty helps cause violence?"; "On the whole, would you say that most white student demonstrators are trying to be helpful or that they are looking for trouble?"; "Do you think police are more likely to cause violence or more likely to be victims of violence?"; "Some people say important changes can only be brought about through violence, and others say it is not necessary. What do you think?" The interview was administered to 1,374 men between the ages of 16 and 64. Attitudes toward violence varied with age, race, religion, and the specific situation in which the violent act occurred. There was widespread agreement that less forceful police methods should be used and that social changes can be made fast enough without property damage or injury. In addition, a majority of the sample agreed that poverty, lack of good jobs, poor education, and discrimination contribute to causing violence while at the same time agreeing that "violence deserves violence." Further information regarding the survey and a copy of the interview schedule may be obtained from the book, Blumenthal, M. D., Kahn, R. L., Andrews, F. M., & Head, K. B. *Justifying violence: Attitudes of American men*. Ann Arbor: Institute for Social Research, 1972.

ATTRIBUTED SOCIAL POWER SCALE

Attributed social power -- a scale and some validity. *Journal of Social Psychology*, 1971, 85, 37-39.

Larsen, Knud S., & Minton, Henry L., Department of Psychology, Oregon State University, Corvallis, OR 97331

The Attributed Social Power (AP) Scale is an instrument designed to measure degrees of power perceived in significant others. The instrument consists of five power relationships (policemen-citizen, professor-student, general-private, foreman-worker, and king-subject) rated on 15 dichotomous 7-step power laden adjectives; 1) Constraining-loosening; 2) Checking-facilitating; 3) Restraining-noninterfering; 4) Limiting-expanding; 5) Powerful-weak; 6) Compelling-nonintimidating; 7) Coercive-persuasive; 8) Enforcing-nonimposing; 9) Suppressing-freeing; 10) Controlling-nonregulating; 11) Restricting-nonconfining; 12) Repressing-liberating; 13) Enslaving-freeing; 14) Arbitrary-reasonable; and 15) Compulsive-noncompulsive. Perception of power in others is crucial for understanding the personality basis for conformity, obedience, and aggressive behavior. The AP Scale has been employed in four studies and correlated significantly with chauvinistic nationalism, dogmatism, competition in nonzero sum game behavior, low self-esteem, sex, and campus conflict resolution questions. The reported relationships form a consistent and predictable pattern. Reliability and validity data are available in the source document.

BERKELEY BELIEFS STUDY INTERVIEW SCHEDULE

Berkeley, CA, Survey Research Center, 1971.

Nasatir, David, Survey Research Center, 2220 Piedmont Avenue, University of California, Berkeley, CA 94720

The Berkeley Beliefs Study Interview Schedule is an instrument designed to collect information on how students feel about current issues. The instrument is intended for use with University of California at Berkeley students. Sample items are: "Would you prefer to spend your spare time going for a drive, shopping in downtown San Francisco, picnicking in Golden Gate Park, watching the sea on a lonely beach, hiking in the Sierras?"; "What are your attitudes toward communal living?"; "Do you believe the United States will be engaged in an atomic war?" The instrument is administered individually, and the respondent answers the items verbally while the interviewer records responses. A copy of the instrument may be obtained by writing to Margaret Baker, Survey Research Center, University of California, Berkeley, CA 94720.

CANADIAN PEACE RESEARCH INSTITUTE QUESTIONNAIRE

Oaksville, Canadian Peace Research Institute, 1971.

Eckhardt, William, Canadian Peace Research Institute, 514 Chartwell Road, Oakville, Ontario, Canada

The Canadian Peace Research Institute Questionnaire (CPRI) consists of 96 items designed to measure six ideological and six personality variables related to militarism and internationalism. The six ideological variables include nationalism, religiosity, bureaucratic attitudes, militarism, conventional morality, and conservatism. A sample item is: "Russian Communism is no danger to the West." The six personality variables include conformity, responsibility, impulsivity, neuroticism, misanthropy, and faulty childhood disciplines. A sample item for these variables is: "My parents did not believe in hitting or spanking me." Each variable is measured by eight items. Subjects rate each item on a 5-point scale ranging from "strongly disagree" to "strongly agree." Scale scores can be combined into a general conformity score and a general conservatism score which can, in turn, be combined into a general compulsion versus compassion score. The CPRI is designed primarily for the purpose of studying war and peace attitudes and their ideological and personality correlates. A copy of the questionnaire and scoring procedures are available from the author.

THE COMMUNITY QUESTIONNAIRE
Ann Arbor, Survey Research Center, 1972.

Aberbach, Joel O., Institute of Public Policy Studies, 1516 Rackham Building, University of Michigan, Ann Arbor, MI 48104

The Community Questionnare was developed as part of the Longitudinal Detroit Community Study to survey attitudes, beliefs, and experiences relevant to urban unrest. The questionnaire was designed for use with both whites and Negroes to obtain their judgments concerning the future of the city in which they live. The instrument contains 99 items which pertain to opinions about the individual's city, 16 items on personal data, and 11 items calling for the interviewer's evaluation of the respondent and his home environment. Items about the city inquire about such matters as city services, recreation, police protection, police brutality, politics, and race relations. Personal items concern origins, family data, education, employment, income, and so on. The interviewer's ratings of the respondent cover respondent's sex, race, interest in various issues covered in the interview, characteristics of the home, and one item calling for an open-ended description of the respondent. Each person is interviewed on an individual basis. A copy of the questionnaire and more information about it can be obtained from the author.

CONSERVATISM-RADICALISM OPINIONAIRE
St. Louis Peace Research Laboratory, 1935.

Lentz, Theodore F., Peace Research Laboratory, 6251 San Bonita, St. Louis, MO 63105

The Conservatism-Radicalism Opinionaire is an instrument designed to measure conservative and radical attitudes. There are two forms of the opinionaire. Forms J and K contain 60 statements to which the subject either responds "agree" or "disagree." Sample statements are: "The world needs a new religion"; "The present tendency among women to wear less clothing should be encouraged, especially in warm weather or climates"; "The Japanese race is, on the whole, crafty and treacherous." The instrument may be self-administered and requires the opinionaire and manual. There is no time limit. Reliability, validity, and normative data are available in the manual. More information and a copy of the instrument and manual are available from the author.

THE CONSERVATIVE-LIBERAL-DISCIPLINARIAN-LIBERTARIAN ATTITUDE TEST
Los Angeles, University of California at Los Angeles, 1972.

Maibaum, Matthew, 826 Greentree Road, Pacific Palisades, CA 90272

The Conservative-Liberal-Disciplinarian-Libertarian (CLDL) is an instrument designed to measure attitudinal dimensions of an individual's liberalism versus conservatism and disciplinarianism versus libertarianism to other variables constituting political and sociopolitical attitudes, e.g., level of alienation, need for authority direction. The measured variables are also related to background and demographic factors. The instrument may be used with "normal," "neurotic," and "reasonably well-functioning psychotic" individuals. The CLDL Test consists of 62 interview items, two of which are open-ended and the remainder of which are scaled degree of agreement or degree of intensity responses. A sample item is: "There's too much discipline among people in our society today" (agree-disagree). Scales responses range from one to seven with positive and negative valence directions alternated as a response set control. The instrument was developed as a theoretical endeavor in the field of political psychology as an attempt to measure the "attitudinal underpinnings" of political and social behavior. The CLDL test may be administered individually or to a group, either orally or through printed material. Items are scored and summed along categories (conservatism, liberalism, etc.). The relative balance of conservative and disciplinarian views as contrasted with liberal and libertarian views compose patterns of test response. Scoring time may range from one hour per subject to several days for multiple subjects depending on the depth of data analysis desired. Preliminary and pilot research suggest that category items are nonoverlapping although the validity of items and the test in general has yet to be determined. Response set controls, in addition to reversing direction of scale valences, consist of randomizing position of questions in the inventory so that items reflecting one attitude dimension do not appear together. The test is currently being applied to a study of political and social philosophy among Los Angeles area college youth. More information and a copy of the instrument are available from the author.

DETROIT RIOT QUESTIONNAIRE
Project summary: a psychological, social, and economic profile of 500 arrestees from the Detroit riot of 1967. Detroit, MI, Behavior Research Institute, 8830 West McNichols Road, 1967.

Lachman, Sheldon J., & Singer, Benjamin D., Department of Psychology, Wayne State University, Detroit, MI 48202

The Detroit Riot Questionnaire was developed under a Manpower Administration research contract with the U. S. Department of Labor to obtain information from alleged Detroit riot participants being held by the police. The questionnaire is divided into five major sections: a) Basic demographic data; b) Attitudes toward Negro leadership; c) Communication and communication media; d) Ideas and attitudes on causation, prevention, and control of riots; and e) Economic welfare data. There are 71 items altogether. Some sample items are: "What kind of work do you do?"; "Who is your favorite Negro leader?";

"What newspapers do you read regularly?"; "What do you think caused this trouble in Detroit?"; "In the last few years do you think that conditions for you personally have become better, stayed the same, or become worse?" The information on these items was gathered in an interview and recorded on a printed questionnaire. The sample questionnaire was administered to 500 Negro males being detained by police for alleged riot participation. A more detailed description of the study and its results and a copy of the questionnaire may be found in the source document. Some subsequent work done on the study is described in Lachman, Sheldon J. & Waters, T. F. Psychological profile of riot arrestees. *Psychological Reports*, 1969, 24, 171-181.

FOREIGN POLICY QUESTIONNAIRE

Eckhart, William, Oakville, Ontario, Canadian Peace Research Institute, 1971.

The Foreign Policy Questionnaire consists of 14 items designed to measure militarism, defined as the belief in military deterrence. Subjects respond to each item on a 3-point scale ("yes," "no," "don't know"). A sample item is: "Do you believe that the Pentagon really wants to disarm?" In research applications of this instrument, it has been found that reserve officers and ROTC students obtained militarism scores significantly higher than average, while peace church and peace group members obtained scores significantly lower than average. Reliability and validity data and a factor analysis of the Foreign Policy Questionnaire are reported by the author. Further information may be found in Eckhardt, W., Manning, M., Morgan, C., Subotink, L., & Tinker, L. J. Militarism in our culture today. *Journal of Human Relations*, 1967, 15, 532-537.

THE MACDONALD POVERTY SCALE

Attitudes toward the poor that militate against effective upgrading. *Rehabilitation Literature*, 1971, 32, 2-5.

MacDonald, Alfred P., 806 Forestry Tower, West Virginia University, Morgantown, West VA 26506

The MacDonald Poverty Scale (Opinion Survey P) is an instrument designed to elicit attitudes regarding the poor and the causes of poverty. The instrument is intended to provide an index of how the nonpoor view the poor, how the poor believe they are perceived by the nonpoor, and finally how the poor perceive themselves. The Poverty Scale consists of 12 items, seven scorable items and five filler items. Sample (scored) items from the scale are: "Though I know their condition is not always their own fault, I find poor people unpleasant to be around"; "I can't understand why people make such a fuss over the disadvantaged state of the poor, most of them could improve their condition if they only tried"; "Although we don't like to face it, most people on welfare are lazy." The scale is presented as a study of "personal opinions." Subjects respond to items in terms of a 10-point scale with end point anchors labeled "strongly disagree" (1) and "strongly agree" (10). High scores reflect negative attitudes toward the poor. The test is self-administering, requires 10 to 15 minutes for completion, and is easily hand scored. Cronbach reliability coefficients of .80 and .77 have been observed for the scale. Test-retest reliability was found to be .90 for a 3-week interval. When lower class high school students were asked to rate poverty items as would the "manager of a large chainstore" (i.e., the "nonpoor"), responses were significantly more unfavorable than those reported by a similar sample of subjects who were asked to rate items in terms of their own opinions. An experimental application of the scale may be found in MacDonald, A. P., & Majumder, R. K. Do the poor know how we see them?: Preliminary study. *Perceptual and Motor Skills*, 1972, 34, 47-49. Further information and a copy of the Poverty Scale may be obtained from the author.

THE MORAL JUDGMENT MEASURE

A measure of moral values. *Journal of Counsulting and Clinical Psychology*, 1972, 39(2), 210-214.

Hogan, Robert, & Dickstein, Ellen, Department of Psychology, Johns Hopkins University, Baltimore, MD 21218

The Moral Judgment Measure is a semiprojective instrument designed to elicit responses from subjects which contain moral judgments. The Moral Judgment Measure consists of a series of statements each posing a concrete moral issue. Test items were constructed so as to insure that each: a) Was expressed in simple, matter of fact language; b) Contained an identifiable element of injustice; and c) Contained maximum ambiguity without being unclear. The Moral Judgment Measure contains 15 items in statement form. Subjects are asked to assume that the statement has been made by a person with whom the subject is having a conversation. On the line provided below each statement, the subject is to indicate what his reaction would most likely be. Sample items from the test are: "I told Jack my ideas for the new project. He took them to the boss and got credit"; "Some boys have it so easy. They go to college and get out of the draft, and we get sent to Vietnam"; "The government shouldn't have passed the medicare bill"; "Why should we pay other people's doctor bills?"; "The police should be encouraged in their efforts to apprehend and prosecute homosexuals"; Homosexuality threatens the foundations of our society." The instrument requires about 15 minutes for completion and may be administered to groups or individuals. Subject's responses are scored by four raters for maturity of moral judgment using the following criteria: 1) Concern for the sanctity of the individual; 2) Judgments based on the spirit rather than the letter of the law; 3) Concern for the welfare of society; 4) Capacity to see both sides of the issue. A response is assigned a score of "2" if any one of the four criteria are present a score of "1" if any of the criteria could be readily inferred, and a score of "0" if none of the criteria appeared in the response. The instrument was administered to 92 undergraduate students. Interrater reliability was .88. The reliability coefficient obtained for the test itself was .82. It was found that scores on the test correlated closely with peer ratings of subjects' sensitivity to injustice. Further information and a copy of the Moral Judgment Measure may be obtained from the author.

MULTIPLE OUTGROUPS QUESTIONNAIRE
Alabama, University of Alabama, 1970.

Wilson, Warner, Department of Psychology, University of Alabama, University, AL 35486

The Multiple Outgroups Questionnaire is an instrument designed to measure the amount of social support for various sorts of ideologically and politically distinct social groups, such as, the Nixon administration or the Black Panther Party. The questionnaire consists of five general statements which can apply to almost any group. These statements are: "I feel generally positive toward this group"; "This group has my support"; "It is desirable for this group to have the influence it does and it might be better for it to have more." Respondents are asked to respond to each statement in terms of a 5-point scale consisting of five alternatives "agree strongly" to "disagree strongly." The questionnaire taps attitudes toward 15 different politically oriented social groups. Sample groups included are The Ku Klux Klan, police, the military, the National Association for the Advancement of Colored People, campus militants, etc. The format of the questionnaire is such that it allows for the study of other than racial (anti-Negro or antiwhite) prejudice and also allows for the study of personality traits related to various sorts of outgroup prejudice. Further information and a copy of the questionnaire may be obtained from the author.

THE NONVIOLENCE EVALUATION SURVEY
Haverford, PA, Haverford College, 1969

Hare, A. Paul, Department of Sociology and Anthropology, Haverford College, Haverford, PA 19041

The Nonviolence Evaluation Survey is an instrument designed for the purpose of studying the forms of training for nonviolent direct action which have been found to be most effective in nonviolence training programs. The questionnaire was developed by the Haverford College Center for Nonviolent Conflict Resolution. The questionnaire was designed for administration to the participants of the first National Workshop for Trainers in Nonviolent Direct Action, as well as to all persons who have taken part in workshops on nonviolence. The instrument was mailed out to respondents with return postage paid envelopes. The survey consists of three sections. Section I contains 11 items tapping the respondent's attitude regarding the perceived usefulness of various nonviolent training methods (e.g., role-playing, situation analysis, guerilla theatre, street speaking, etc.). Sample items from Section I are: "To what extent did the training change your commitment to nonviolence?"; "To what extent did the training change your feelings of competence about your skills for nonviolent action?" Section II of the survey contains 25 items which are intended to tap subjects' interpersonal orientation. Sample items are: "Believe that a man will keep his promise and he will"; "I very seldom have spells of the blues"; "I enjoy being in a crowd just to be with people." Subjects respond on a 6-point scale ranging from "strongly disagree" to "strongly agree." Part III of the questionnaire consists of a 15-item quick word test intended as a response check of subjects' comprehension of the survey items. Subjects are asked to select a word of the same meaning as the stimulus word. Part IV of the questionnaire contains 11 items designed to collect identifying and demographic information from respondents. Sample items are: "Religious preference"; "Father's occupation?" Further information regarding the use of the survey and the results of the present study, as well as a copy of the questionnaire, may be obtained from the author.

THE PERCEIVED ANTECEDENTS QUESTIONNAIRE
Field guide for the study of aspects of subjective culture. Technical Report No. 4, HEW Grant RD-2841-G, July 1970.

Triandis, Harry C., & Malpass, Roy S., Department of Psychology, University of Illinois, Champaign, IL 61801

The Perceived Antecedents Questionnaire is designed to measure the perceived antecedents or causes of certain actions or events. The questionnaire is part of a series of instruments designed for use with economically disadvantaged white and black male youths and chronically unemployed blacks. The purpose of the questionnaire is to collect information regarding the characteristic ways in which the economically disadvantaged perceive their social environment, with the aim of identifying the sorts of social perceptions that are related to chronic unemployment among the poor. The Perceived Antecedents Questionnaire consists of 35 items. Sample items are: "To get a good job, you have to. . ."; "To get along with your boss, you have to. . ."; "To skip work or leave early often, you have to . . . ." Below each item are listed 15 alternative causes or antecedents that could be seen as bringing about the condition described in the item. Subjects are asked to rate each of the possible antecedents as to the perceived likelihood that each could have brought about the event in question. Ratings are made by placing a number from "0" to "9" beside each antecedent, with a rating of "0" corresponding to "never" and a rating of "9" corresponding to "always." Concurrent validity across the various social perception questionnaires has been observed. Reliability coefficients in the high .80 range have also been obtained. Because of the specific nature of the present project, copies of the questionnaires are not available. However, information regarding the development and use of comparable procedures may be obtained from the first author.

PERCEIVED CONSEQUENTS QUESTIONNAIRE

Field guide for the study of aspects of subjective culture. Technical Report No. 4, HEW Grant RD-2841-G, July 1970.

Triandis, Harry C., & Malpass, Roy S., Department of Psychology, University of Illinois, Champaign, IL 61801

The Perceived Consequents Questionnaire is an instrument designed to measure the perceived consequents or results of certain actions or events. The questionnaire is part of a series of instruments designed for use with economically disadvantaged white and black male youths and chronically unemployed blacks. The purpose of the questionnaire is to collect information regarding characteristic ways in which the economically disadvantaged perceive their social environment, with the aim of contrasting the social perceptions of white and black subjects in an attempt to identify those social perceptions that are related to chronic unemployment among the poor. The Perceived Consequents Questionnaire consists of 35 items. Sample items from the questionnaire are: "If you get a good job you. . ."; "If you get along with your boss at work, you. . ."; "If people respect and admire you, you. . . ." Below each item are listed 15 alternative results or consequents that could be seen to be resulting from the condition described by the item. Subjects are asked to rate each of the possible consequents as to the perceived likelihood that could result from the event in question. Ratings are made by placing a number from "0" to "9" beside each consequent, with a rating of "0" corresponding to "always" (is a result). Concurrent validity across the various social perception questionnaires has been observed. Reliability coefficients in the high .80 range have also been obtained. Because of the specific nature of the present project, copies of the questionnaires are not available. However, information regarding the development and use of comparable procedures may be obtained from the first author.

POLICE-COMMUNITY QUESTIONNAIRE

Berkeley, CA, University of California, 1968.

Sargeant, Robert G., 2032 Delaware, Berkeley, CA 94709

The Police-Community Questionnaire is an instrument designed to collect information from the community on the local police force. The instrument is intended for use with El Cerrito, California, citizens. The instrument consists of eight items which tap community opinion of the city police force. Sample questions are: "In general, how good a job do you feel the El Cerrito police are doing?"; "During the past 12 months, on how many occasions have you sought assistance or information from the El Cerrito Police?"; "The El Cerrito police (are well trained, are honest, deal fairly with minority groups, like the authority their position gives them), always, often, sometimes, occasionally, never"; "The El Cerrito police spend most of their time working on criminal offenses"; "The police drive too fast on patrol"; "The El Cerrito police have and use up-to-date equipment, strongly agree, agree, disagree, strongly disagree." A copy of the instrument is available from the author.

POLICE OPINION POLL

Changes in role concepts of police officers. Gaithersburg, MD, International Association of Chiefs of Police, 1972.

Sterling, James W., International Association of Chiefs of Police, Inc., 11 Firstfield Road, Gaithersburg, MA 20760

The Police Opinion Poll was designed to assess certain attitudinal dispositions believed to be related to performance of police work. The poll taps police opinions on such things as current social issues, education and training of police personnel, and police administration. The instrument was intended for use with both police recruits and experienced officers, as well as with persons holding related positions, e.g., detectives, juvenile officers, administrators, training officers, etc. The instrument consists of three parts, each tapping various aspects of police attitudes and behavior, but employing different rating scales with which respondents rate items. In Part I, respondents must rate items in terms of a 5-point Likert scale consisting of "I strongly disagree" to "I strongly agree." Sample items from Part I are: "Criminal ways are acquired through experience and are not inherited"; "A person has a right to deliberately disobey a law which he believes to be immoral or unjust." In Part II, respondents must express a preference for one of the two attitudes by likening themselves to one of two persons described in each item. A sample item from Part II is: "Bob always wanted to be a police officer. Even during his school days, he knew where he was going; Bill came into police work by accident. He tried several jobs and finally settled for police work." The respondent must select one of the following alternatives: "I'm like Bob." "I'm more like Bob than Bill"; "I'm halfway between Bob and Bill"; "I'm more like Bill than Bob"; "I'm like Bill." Part III requires respondents to select one of seven alternative responses to a question. A sample item from Part III is: "What is the most important problem confronting our profession? (Group conflict and civil disorder, limitations on wiretapping, leniency of the courts, corruption, need for dedicated and able officers)." The poll consists of 58 items and requires 30 minutes for completion. Further information and a copy of the scale may be obtained from the author.

POLITICAL AND RELIGIOUS BELIEFS SCALE

Chestnut Hill, Boston College, 1971.

Baer, Daniel J., Department of Psychology, McGuinn Hall, Boston College, Chestnut Hill, MA 02167

The Political and Religious Beliefs Scale consists of 34 Likert-type items. Each item is rated on a response scale ranging from "strongly agree" to "strongly disagree." Nine of the items are concerned with religious beliefs and practices and nine others pertain to political opinion; the remaining 16 items are neutral with respect to these issues and pertain to personal habits. Two sample tiems are: "America is wasting too many lives and too much money in Vietnam"; "Individual states should retain greater independence from Federal government." Other items concern allowing clergymen to marry, supporting relaxed church fasting laws, sharing tax revenues with states, and favoring the U. S. joining a common market with Europe. A study using this questionnaire is described in Baer, Daniel J., & Moselo, Victor F. Political and religious beliefs of Catholics and attitudes toward involvement in the Vietnam war. *The Journal of Psychology*, 1971, 78, 161-164. In this study, conservative and liberal political views were correlated with liberal and conservative views concerning church policy. Opinions about U. S. involvement in the Vietnam war were also related to other political and religious beliefs. More information and a copy of the instrument are available from the first author.

POLITICO-ECONOMIC CONSERVATISM SCALE

Activists and Nonactivists: A psychological study of American college students. New York, Behavioral Publications, 1972.

Levinson, Daniel J., Department of Psychiatry, Yale University School of Medicine, 35 Park Street, New Haven, CT 06519

The Politico-Economic Conservatism (PEC) Scale, designed to assess political ideology, is a 12-item revision from Levinson's T.A.P. Social Attitude Battery (Levinson, D. J. T.A.P. Social Attitude Battery. Cambridge, Harvard University, 1959). Items are answered on a 6-point scale ranging from "-3" (disagree very much) to "+3" (agree very much). A sample item is: "We need less government controls over business practices and profits." A subject's PEC score is obtained by summing response scores and dividing by 12. Scores can range from "1" to "7." A high score indicates high politico-economic conservatism. In previous research (Kerpelman, L. C. Personality and attitude correlates of political candidate preference. *Journal of Social Psychology*. 1968, 76, 219-226), a general liberal-conservative factor had a loading of .89 for the PEC scale in a discriminant pattern analysis. In further research applications of this instrument, the split-half reliability of the PEC scale was found to be .87; "Left" activist students obtained a mean of 2.32, "Middle" activist students obtained a mean of 3.73, and "Right" activist students obtained a mean of 5.07 (Kerpelman, L.C. Student political activism and ideology: Comparative characteristics of activists and nonactivists. *Journal of Counseling Psychology*, 1969, 16(1), 8-13). A copy of the instrument is available from the author.

THE POVERTY OPINION SURVEY

We still believe that God helps those who help themselves. *Psychology Today*, 1972, 6(6), 101-110.

Feagin, Joe R., Department of Sociology, University of Texas, Austin, TX 78712

The Poverty Opinion Survey is an instrument designed to assess American attitudes toward and interpretations of the poor, antipoverty programs, and poverty in general. The survey consists of a structured interview schedule comprised of 54 items. The survey taps respondents' attitudes in such areas as the causes of poverty, factual knowledge of poverty and poverty programs, attitudes toward welfare and welfare programs racial attitudes, incorporation of socioeconomic data, and biographical characteristics. Sample items from the survey are: "Do you think poverty will ever be done away with in this country?"; "Do you think government anti-poverty programs are needed to provide jobs, even if it means that your own taxes would be increased a good bit?"; "Generally speaking most Negroes are lazy and don't like to work hard"; "Obedience and respect for authority are the most important virtues children should learn." Response options for survey items vary from open-ended, short answer responses to multiple-choice answers. Many survey items require subjects to rate statements in terms of a 4-point scale ranging from "strongly agree" to "strongly disagree." Items relating to perceived causes of poverty were developed by the author; the remainder of the survey items were adapted and modified from several sources. Data are collected by a trained interviewer. The interview requires about one hour for completion. Information regarding the results of the survey and a copy of the interview outline may be obtained from the author.

RELIGION IN BRITISH LIFE SURVEY QUESTIONNAIRE

Birmingham, University of Aston, 1968.

Foster, Bruce D., 385 B. Harborne Road, Edgbaston, Birmingham B15 3LB, England

The Religion in British Life Survey Questionnaire is an instrument designed to measure the dimensions of religious commitment and the biographic and demographic variables related to such commitment. The specific questions to which this questionnaire addresses itself are: "What are the dimensions of religiosity?"; "What independent variables will best predict variations in religiosity?"; "Are there social class styles of religious commitment?"; "Do similar biographic and demographic characteristics hold among nonchurchgoers?" The questionnaire samples attitudes in the nine areas of ritual and organizational involvement with the church, religious devotion (private), religious beliefs, religious experiences, religious knowledge, consequences of religion in everyday life, religious socialization, nonreligious data, and personal data. Sample items from the questionnaire are: "Do you take part in any of the activities of your church other than attending services?"; "Do you ever make a point of listening to or watching religious services on radio or television?"; "How important is the idea of sin in your life?"; "Did you receive any of your education in a church school?"; "Because many children do not have religious parents it is our Christian duty to teach their children to pray in state schools." Questionnaires were mailed to randomly selected church members over 20 years of age who attended church regularly and participated in church sponsored programs, as well as to a comparable random sample of persons over 20 years of age residing within the parish boundaries of churches in the experimental sample. Further information may be obtained from the author. Questionnaire copies may be obtained from Margaret Baker, User Service, Survey Research Center, University of California, Berkeley, CA 94704.

THE RESENTMENT AND SUSPICION INDEX

Justifying violence: Attitudes of American men. Ann Arbor: Institute for Social Research, 1972.

Blumenthal, Monica D., Kahn, Robert L., Andrews, Frank M., & Head, Kendra B., Institute for Social Research, Survey Research Center, University of Michigan, Ann Arbor, MI 48106

The Resentment and Suspicion Index was developed as part of an investigation into the attitudes toward violence. The instrument was specifically employed to study those personality variables which might affect attitudes toward violence. The tendency to feel threatened or to perceive threat was determined to be significant in this respect, and a literature search of instruments measuring this predisposition was undertaken. The resentment and suspicion subscales of the Buss-Durkee Hostility Inventory (Buss, A. H., Durkee, A. An inventory for assessing different kinds of hostility. *Journal of Consulting Psychology*, 1957, 21, 343-349) were found to tap the personality trait in question. From the 18 items comprising these scales, six items were selected which represented both subscales equally and which showed high interitem correlations with the original 18 Buss-Durkee items. Item analyses performed on these six items resulted in the elimination of one item which did not show a consistent or strong relationship with other scale items. The five items comprising the final form of the index are: "At times, I feel I get a raw deal out of life, I don't seem to get what's coming to me (resentment)"; "I used to think that most people told the truth, but now I know otherwise, I commonly wonder what hidden reason another person may have for doing something nice for me, I tend to be on my guard with people who seem to be jealous of me (suspicion)." The instrument was administered in an interview situation to 1,374 subjects varying in education, income, region of country from which subject originated, age, and race. Increasing suspicion and resentment was found to be associated with decreasing social class and education; black respondents showed considerably higher scores than whites, and small relationships were found for age, marital status, and region of residence. The index was also found to be inversely correlated with a measure of trust. Further information and a copy of the scale may be obtained from the book. Blumenthal, M. D., Kahn, R. L., Andrews, F. M., & Head, K. B., *Justifying violence: Attitudes of American men*. Ann Arbor: Institute for Social Research, 1972. Another reference is Blumenthal, M. D. Resentment and suspicion among American men. *American Journal of Psychiatry*, (in press).

ROLE PERCEPTION BATTERY

Changes in role concepts of police officers. Gaithersburg, MD, International Assoication of Chiefs of Police, 1972.

Sterling, James W., International Association of Chiefs of Police, Inc., 11 Firstfield Road, Gaithersburg, MD 20760

The Role Perception Battery (RPB) is an instrument designed to assess six factors of the police role, role conflict, audience conceptions, aggregate role conceptions, attitudinal orientations to the police role, role attributes, and perception of danger associated with the police role. The battery consists of six scales, each designed to measure each of the above factors. The role conflict scale lists 15 individuals, such as politicians, businessmen, civil rights leaders, friends, and family who have a direct influence upon the police role. Three disparate opinions or expectations relating to the performance of the police role are also listed, and the respondent is asked to attribute each of the expectations to each of the 15 individuals. The extent to which each individual is seen as having disparate expectations of the police role provides an index of role conflict. Audience conceptions are measured by means of an Osgoodian semantic differential scale. Each of the 15 individuals listed in the role conflict scale are rated in terms of 10 bipolar adjectival descriptions, such as cooperative-uncooperative; informed-uninformed;

fair-unfair; etc. Aggregate or group role conception is measured by a scale consisting of a list of 20 rank ordered positions within a police agency. The respondent is asked to select five of these in order of preference as a means of comparing desired versus actual position. Attitudinal orientations to the police role are measured by a 20-item rating scale. A sample item from the scale is: "The best officer is one who knows how to depart from standard operating procedures in order to get the job done." Agreement or disagreement is expressed in terms of a 5-point scale ranging from "strongly disagree" to "strongly agree." The manner in which respondents perceive the attributes associated with the police role is measured by the Role Attribute Scale which lists 40 characteristics such as leadership, morality, well educated. Each respondent is asked to check those traits that he believes to be essential in a good policemen. The final scale, designed to measure the degree of danger associated with the police role, consists of a list of possible radio calls to which a policeman would be assigned, such an murder, family disturbance, etc. These assignments are rated on a scale ranging from "no danger" to "certain and extreme danger." The entire battery requires two hours for completion. Further information and a copy of the instrument may be obtained from the author.

THE ROLE PERCEPTIONS QUESTIONNAIRE

Role perceptions among black and white adolescents and the hardcore unemployed. Technical Report No. 6, HEW Grant 12-P-55175/5-02, February 1971.

Triandis, Harry C., Feldman, Jack M., & Harvey, William M., Department of Psychology, University of Illinois, Champaign, IL 61801

The Role Perceptions Questionnaire is an instrument designed to measure the attitudes of subjects regarding the sorts of interactions that are appropriate (likely to occur) between individuals having certain social roles (e.g., a foreman and a worker) in certain social settings (e.g., at the factory). The questionnaire is part of a series of instruments designed for use with economically disadvantaged white and black male youths and chronically unemployed blacks. The purpose of the questionnaire is to collect information regarding the characteristic ways in which the economically disadvantaged perceive their social environment and to identify the sorts of social perceptions that are related to chronic unemployment among the poor. The Role Perceptions Questionnaire consists of 21 pairs of social roles. Beside each such pair is listed the social setting within which the interaction is to take place. Sample items from the questionnaire are: "Black foreman with white worker" (at work); "Son with father" (in house); "White cop with black demonstrator" (in the park). Beneath each role pair is a list of several behaviors that describe possible sorts of interactions that could occur between the first member of the role pair and the second member, such as "fight with," "discipline," "admire," "give orders to," "hit," etc. The subject is asked to rate each of the behaviors in terms of the degree to which he believes that behavior is likely to occur between the role pairs. Ratings are made on a 10-point scale, with "0" ratings representing "never" (occur) and "9" ratings representing "always" (occur). Concurrent validity across the various social perception questionnaires has been observed. Reliability coefficients in the high .80 range have also been observed. Because of the specific nature of the present questionnaires, copies are not available. However, information regarding the development and use of comparable procedures may be obtained from the first author.

THE SOCIAL CUSTOMS QUESTIONNAIRE

Rank order of discrimination and its relevance to civil rights priorities. *Journal of Personality and Social Psychology*, 1970, 15(2), 118-123.

Wilson, Warner, Department of Psychology, University of Alabama, University, AL 35486

The Social Customs Questionnaire is an instrument designed to measure the relative priority which different racial or social groups attribute to current national goals or social issues, as for example, full employment, equal voting rights, etc. The instrument consists of 28 short statements describing various sorts of national directives or goals pertaining to a number of social issues such as firmer law enforcement, improvement of schools, low cost housing, etc. Subjects are instructed to read each item describing the national goal and assign to each goal one of a number of ratings, depending upon one of four ratings from "top priority" to "low priority." Each of the priority ratings is given a value from "1" to "5," with top priority rankings receiving a value of "1," and low priority rankings receiving a value of "5." A rank order of preference for each goal is inferred from the rank order of the mean ratings received by each goal. Sample items from the scale are: "Free care for poor children so mothers can receive job training"; "Quality schools in black neighborhoods controlled by black people." Split-half reliability coefficients ranging from .91 to .95 are reported for this instrument. The Social Customs Questionnaire was administered to 100 white and 100 Negro respondents. It was found that both groups agreed in their ranking of voting rights, employment opportunities, and legal rights above housing integration, school integration, and intermarriage. The significance of this questionnaire is its ability to provide information regarding the actual goals of various racial groups rather than the assumed goals of racial stereotypes. Further information and a copy of the questionnaire may be obtained from the author.

THE STEREOTYPE QUESTIONNAIRE

Person perception among black and white adolescents and the hardcore unemployed. Technical Report No. 5, HEW Grant 12-P-55175/5-02, December 1970.

Triandis, Harry C., Feldman, Jack M., & Harvey, William M., Department of Psychology, University of Illinois, Champaign, IL 61801

The Stereotype Questionnaire is an instrument designed to measure the stereotype evaluations reflected in subjects' perceptions of socially significant persons. The questionnaire is part of a series of instruments designed for use with economically disadvantaged white and black male youths and chronically unemployed blacks. The purpose of the questionnaire is to collect information regarding the characteristic ways in which the economically disadvantaged perceive their social environment, with the aim of comparing these perceptions with those of middle-class white society as represented by a control group of white, female college students. The instruments are specifically designed to identify the sorts of perceptions related to chronic unemployment among the poor. The Stereotype Questionnaire consists of 27 items each of which depicts a different stimulus person. Test items were developed from an analysis of relevant literature. Item selection was made by several black psychologists and black college students on the basis of those stimulus persons deemed to be significant to ghetto residents. Sample questionnaire items are: "A black policeman is . . . "; "Uncle Toms are . . . "; "Teachers are . . . "; "A white foreman is . . . ." Below each item are listed a number of characteristics or traits with which the subject could complete the statement, such as trustworthy, tough, lazy, intelligent, aggressive. Subjects are asked to rate the degree to which each trait adequately completes the statement describing the stimulus person. These ratings are made by placing a number from "0" to "9" beside each trait, with a rating of "0" being given to a trait which is "never true" of a given stimulus person, and a rating of "9" being given to a trait which is "always true" of a stimulus person. Concurrent validity across the various social perception questionnaires has been observed. Reliability coefficients in the high .80 range have also been obtained. Copies of the questionnaire are not available, but further information regarding the development and use of comparable procedures may be obtained from the first author.

A STUDY OF RELIGION IN AMERICAN LIFE QUESTIONNAIRE

Berkeley, CA, Survey Research Center, University of California, 1971.

Stark, Rodney, & Glock, Charles, 14820 Botnell Way, #254, Seattle, WA 98155

The Study of Religion in American Life Questionnaire is an instrument designed to collect information on the behaviors, attitudes, and opinions of an individual as they relate to religion. The instrument is intended for use with Christian subjects. Topics covered in the questionnaire include church going habits, religious activities, biblical knowledge, minority group associations (especially Jews and blacks), social issues, demographic data. Sample items are: "How often do you attend Sunday worship?"; "How often do you pray privately?"; "Some people are of the opinion that serious problems exist between Catholics and Protestants in America today, while others say these problems are not really serious. How do you tend to feel about this?"; "Suppose you own your own home and several Negro families moved into your block? Would you be apt to move elsewhere provided you could get a fair price for your house?"; "Big companies control too much of American business"; "Do you tend to agree or disagree with Darwin's theory of evolution which maintains that human beings over many millions of years evolved from lower forms of animal life?" A copy of the instrument is available from the author.

A STUDY OF RELIGION IN BRITISH LIFE QUESTIONNAIRE

Birmingham, England, University of Birmingham, 1971.

Foster, Bruce D., Department of Sociology, P. O. Box 363, University of Birmingham, Birmingham, 15, England

A Study of Religion in British Life Questionnaire is an instrument designed to collect information on religious aspects of British life. The questionnaire consists of 248 items which cover topics such as sex, marital status, religious affiliation, church attendance, church activities, prayer, family religious habits, biblical knowledge, occupation, class status, family interaction. Sample items are: "How many children do you have?"; "How often do you receive Holy Communion?"; "Do you hold any office in any of the church organizations?"; "About how often do you read the Bible?"; "Were you married in church?"; "Did your mother go to Sunday school?"; "Do you believe Jesus will actually return to the earth some day?"; "What nationality are you?"; "How did you vote in the last general election?" Copies of the instrument are available from the author.

TWO FACTOR INDEX OF SOCIAL POSITION

New Haven, Yale University, 1957.

Hollingshead, August B., Department of Sociology, Yale University, 1965 Yale Station, New Haven, CT 06520

The Two Factor Index of Social Position is designed to easily and objectively estimate the positions individuals occupy in the status structure of our society. Occupation and education are the two factors utilized to determine social position. Occupation is assumed to reflect the skill and power individuals possess, the education is assumed to reflect both knowledge and cultural taste. The occupational scale is based on the premise that members of our society attach different values to various occupations. A wide variety of occupations are classified into a status hierarchy ranging from unskilled physical labor to the use of creative talent and the manipulation of men. The educational scale is based upon the assumption that men and women of similar educational background share similar tastes and attitudes and exhibit similar behavior patterns. The scale is divided into seven sections: a) Graduate professional training; b) Standard college or university graduation; c) Partial college training; d) High school graduates; e) Partial high school; f) Junior high school; g) Less than seven years of school. The factors of occupation and education are combined by weighting the individual scores obtained from the scale positions. The factor weights are determined by multiple correlation techniques. The final score is obtained by multiplying the individual scores for occupation and education by their factor weights and then summing the two figures. The range of scale scores belonging to each of five social classes has been determined. Some validity data are available. More information and a copy of the instrument are available from the author. A fee of $1.00 is charged for each copy to cover costs of reproduction and mailing.

THE VERBAL AGGRESSION SCALE

Athens, Department of Educational Psychology, University of Georgia, 1970.

Joesting, Joan, Sarah Grimke Road, Route 6, Box 154A, Chapel Hill, NC 27514

The Verbal Aggression Scale is an instrument designed to measure respondent's endorsement of aggressive acts or behavior. The instrument deals primarily with aggressive acts related to civil disorders and demonstrations by students on college campuses. The instrument is presented to subjects as a means of collecting student suggestions as to the most appropriate means of solving various campus problems. Subjects are asked to give these solutions as responses to seven incomplete sentences. Sample sentences from the scale are: "When the police were called by the college administrators to stop a student demonstration on campus, a policeman shot a student. Now the students should . . . ."; "At X college, the students are dissatisfied with the early curfew hours for the women students. They have been thinking and talking to each other about the issue. Now the students should . . ."; "At X University the students have been involved in peaceful sit-in demonstrations against a program they despise on the college campus. Now the students should . . . ." Sentence completions are coded and given a numerical value depending upon the degree or type of aggression behavior endorsed. A score of "0" is given if the sentence completion makes no reference to destruction or harm to building or people; a score of "1" is given the sentence completion is building destruction is endorsed; a score of "2" is given if harm to people is mentioned or endorsed. Further information regarding experimental application of this scale, as well as a copy of the instrument may be obtained from the author.

YOUR OPINIONS ABOUT SOCIAL ISSUES SCALE

Los Angeles, University of Southern California, Ethel Percy Andrus Gerontology Center, 1972.

Bengston, Vern, Gerontology Center, University of Southern California, Los Angeles, CA 90007

Your opinions about Social Issues scale is an instrument designed to measure attitudinal positions with regard to various current social issues or problems. Specifically the scale includes attitudinal measurements of general consciousness of social issues, orientations toward work, sex and marriage, American foreign policy, causes of poverty, civil disobedience, reactions to black demands, McClosky conservatism, troubled American ideology, reactions to student commands, the corporate state, generational conflict and attitudes toward drugs. The scale comprises a portion of a booklet of instruments entitled A study of generations (Phase A, Family Relations, 25 pages) which is used in a broad scale comparative study of attitudes and feelings of parents, grandparents, and young adults. The research served by the booklet is designed to discover similarities and differences which exist between age groups in contemporary American society. The social issues scale contains 22 items, each of which is a statement to be rated according to degree of agreement on a 4-point scale. A sample item is: "The United States should use its military power to maintain peace in the world." The instrument is self-administered. To date, the major application of the instrument has been in a generational study of some 5,000 subjects conducted by the University of Southern California Gerontology Center. A copy of the instrument is available in the test booklet of that study and may be obtained from the center.

STUDENT ATTITUDES

CHILD ATTITUDE TOWARD SCHOOL SCALE

Winona, MN, Winona State College, 1972.

Lewis, John, Department of Psychology, Winona State College, Winona, MN 55987

The Child Attitude Toward School Scale is an instrument designed to measure a child's attitudes toward his school environment and teacher. The instrument is intended for use with children in kindergarten and grades one to six and is designed primarily to obtain an indication of how students, as a group or as individuals, feel about attending school. The instrument consists of 17 pictures describing children in various school like situations. The students are instructed to respond positive, negative, or neutral according to how they would feel if they were in this situation. The scoring is from "0" to "3" for each picture with a total possible score of 34. The scale was developed by having elementary teachers list various types of pupil interactions and then by drawing pictures to illustrate students in these various situations. The scale may be administered to a group or individually and is self-administering with time varying according to age level of respondents. Scoring is reportedly rapid and may be done manually. Normative data are available from the author. Reliabilities using a split half method range from the upper sixties to the lower seventies for children in grades one to six. Mean scores for children on this scale show a steady decline in positive attitude from grades one to six. To date, the instrument has been used for research purposes showing differences in pupil attitudes after being exposed to various curricula. A copy of the instrument and administration and scoring manuals are available from the author.

MINNESOTA SCHOOL AFFECT ASSESSMENT

Minneapolis, Center for Educational Development, 1972.

Ahlgren, Andrew, Center for Educational Development, University of Minnesota, Minneapolis, MN 55455

The Minnesota School Affect Assessment is an instrument designed to measure student feeling about what happens in school. The instrument, now in the second of three planned yearly revisions, contains two forms. Form BL is appropriate for kindergarten through sixth grade. Form BU is intended for use by grades 4 through 12. The instrument is designed primarily for school administration to assess student feeling. Part I of Form BU contains 76 statements and single word descriptors. The student is required to rate the statement on a 4-interval scale of "important" to "unimportant" and "pleasant" to "unpleasant"; 22 of the items also have "safe" to "dangerous" scales. Form BL consists of the first 65 items of Form BU, to which the student must respond with one of three alternatives, "a smiling face," "a neutral face," or "an unhappy face." Sample items are: "Doing poorly on a test"; "The library"; "Counselors"; "Talking in a small group about my own feelings." Part II of Form BL consists of 84 statements which the student is required to rate on a 4-point scale from true to false. Part II of Form BL consists of the first 55 of the Form BU items. Sample items are: "I like to learn by working together with other children"; "I like my teachers to tell me exactly what to do in class"; "I feel left out of things in school." The instrument is being developed as a cooperative project between Independent School District 196, Rousemount, MN, and the University of Minnesota, funded through Title III of ESEA and the Division of Planning, Minnesota State Department of Education. Administration is by proctors other than the classroom teacher and requires about 40 minutes. The items are read aloud for grades one through six. The forms are read by optical scanner and a Fortran IV computer program produces tables and plots for each item. Information concerning the administration and scoring of the instrument and validation, test-retest correlation and factor analysis data are available from the author. To date the major applications of the instrument have been in informing the school administration and teachers about student feeling. Grades 1 to 12 have been prepared for 6,000 students in School District 196 in October 1971 and October 1972. Comparisons of profiles across time seem to be the most valuable use of data. Future plans include implementing changes in curriculum and instruction to meet student needs and investigating resultant changes in student feelings. A number of small scale studies around the country are using the instrument on an experimental basis. A copy of the instrument is available from the author.

MULTI-NATIONAL STUDENT SURVEY QUESTIONNAIRE

Oakville, Ontario, Canadian Peace Research Institute, 1971.

Finlay, D., Iversen, C., & Roser, J., Western Behavioral Sciences Institute, La Jolla, CA 92037

The Multi-National Student Survey Questionnaire (MSS) consists of 49 opinion items measuring political, religious, and social attitudes (scored on a 7-point scale); six national and personal optimism items (scored on a 9-point scale); four sets of items each consisting of three national values (ranked from "1" for "most important" to "3" for "least important"; 90 items of interpersonal values arranged in sets of three (one of the three chosen as most important"; one chosen as "least important"); and 60 items measuring further aspects of affective, behavioral, cognitive, and ideological values. The MSS was constructed primarily to measure the similarity of a variety of values across cultures. The questionnaire has been translated into 10 languages and administered to over 5,000 male university students in 60 universities in 18 nations. A factor analysis and summary of cross cultural values and a copy of the MSS can be obtained from William Eckhardt, Canadian Peace Research Institute, 514 Chartwell Road, Oakville, Ontario, Canada.

PERCEIVED INSTRUMENTALITY OF THE COLLEGE TEST

Perceived instrumentality of the college as a measure of attitudes towards college. *Journal of Personality and Social Psychology*, 1967, 5(2), 196-201.

Constantinople, Anne, Psychology Department, Vassar College, Poughkeepsie, NY 12601

The Perceived Instrumentality of the College Test (PICT) is an instrument designed to measure the extent to which college was thought to help in the attainment of important goals. The PICT is intended for use with male and female college and university students. The instrument was constructed for the purpose of measuring the attitudes of students towards their college and its success in assisting them in goal attainment. The PICT consists of 14 statements, each of which might be described as a goal in the college experience. Two ratings on a 7-point scale are made for each goal: (a) Its importance as a goal in the subject's own college experience, and (b) The degree to which the university was perceived as helping or hindering progress toward that goal. A sample goal is: "Learning how to learn from books and teachers." The PICT is structured in questionnaire form and is self-administering. Test-retest reliability data are reported in the source document along with validity data relating the PICT to an independent measure of satisfaction with college and a 10-point bipolar scale measuring level of happiness. The PICT was developed as part of a larger investigation of the correlates of level of happiness among college students; the instrument has been utilized primarily in research. A copy of the instrument is available from the author.

PERSONAL CHARACTERISTICS RATING FORM

Minneapolis, Youth Research Center, 1971.

Strommen, Merton P., Youth Research Center, 122 West Franklin Avenue, Minneapolis, MN 55404

The Personal Characteristics Rating Form (PCRF) is an instrument designed to measure an individual's perception and attitude toward each member in his youth group. The instructions for the PCRF asks the respondent to enter the names of each member of his group. He then is asked to rate each member on 10 characteristics. Each characteristic is rated on a 5-point scale. The characteristics measured are success, faults, welfare, belief about people, helpfulness, openness, meeting people, friendliness. Sample items include: "When meeting people, a) conveys feeling of interest to e) passes without noticing"; "Sees in others, a) their good points to e) their bad points." The respondent also is asked who he believes to be the friendliest person, best leader, best liked person, person with most tact, and person whose friendship is desired, on the 5-item nominating questionnaire section of the PCRF. The PCRF may be used by either males or females. A copy of the instrument is available from the author.

SEMANTIC DIFFERENTIAL

Traits of school achievers from a deprived background, New York: Associated Educational Services, 1967.

Davidson, Helen H., & Greenberg, J. W., 90 La Salle Street, New York, NY 10027

The Semantic Differential is an instrument designed to measure the meanings children attach to certain significant persons and school-related concepts. The instrument was originally used with fifth grade children from lower class Negro populations attending urban ghetto schools as part of a larger project concerned with differentiating high from low achievers on some cognitive, affective, motivational, or background dimensions hypothesized to be related to school achievement. The Semantic Differential follows Osgood's method and consists of six concepts (mother, father, teacher, me, reading and schoolwork), each of which are rated on 12 5-point bipolar adjective scales. There are four scales on each of the three main dimensions identified by Osgood: "Evaluative" (good-bad, clean-dirty, beautiful-ugly, kind-mean), "Potency" (hard-soft, large-small, strong-weak, brave-scared), and "Activity" (hot-cold, red-green, lively-quiet, fast-slow). The instrument is administered to a group of children by an examiner who explains the instructions and provides an example. Each child receives seven sheets of paper each containing the 12 rating scales and headed with a different concept (there is one practice sheet). The instrument is then self-administered and scored by assigning scaled scores of one to five for each rating. A score of five is given to that end of the scale which is most positive, most powerful, or most active. Three summary scores are obtained for each of the six concepts across each of the three factors. Thus, a child receives 18 scores with a possible range of 4 to 20. The number of marks in the middle or neutral position is also used as an index of cautiousness. Response set controls for the Semantic Differential consist of alternating the direction of the scales. Instructions for administration and scoring, normative data, factor analysis, and a copy of the instrument are available in the 294-page source document which provides administration, scoring, reliability, and descriptive information on 20 instruments used to study school achievers from a deprived background. A copy of the source document is available from the publisher, 630 Fifth Avenue, New York, NY 10020.

THE SIGNIFICANT OTHER ELICITOR

Significant Others, the self-reflexive act and the attitude formation process. American Sociological Review, 1971, 36, 74-87.

Woelfel, Joseph, & Haller, Archibald, no address for the first author

The Significant Other Elicitor (SOE) was developed for the purpose of investigating the influence of significant others on the formation of educational and occupational attitudes. One of the purposes of the study was to operationally define and identify the particular set of significant others influencing a particular subject's attitudes. From extensive interviews with Wisconsin high school students who were asked to define education and occupation, four categories of definitions were identified: 1) Intrinsic nature of occupation or education (the activities which contribute directly to or define aspects of an education or occupation, e.g., doing assignments or selling); 2) Extrinsic nature (secondary aspects of an education or occupation, such as the conditions in which working or learning take place, e.g., living away from home or working outdoors); 3) Intrinsic function (the explicit purpose of a job or an education, e.g., heal others or gain knowledge); 4) Extrinsic function (functions not inherently a part of education or occupation but which are nonetheless fulfilled, e.g., support family or helps you get a good job). The assumption underlying the SOE is that persons who provide information about these categories are significant others in the areas of education and occupation. The SOE thus consists of providing subjects with these four defining categories and asking them to list those individuals who have exerted some influence on educational and occupational attitudes by either: 1) Communicating information about the four defining categories either verbally or symbolically (these persons are called definers); or 2) Serving as examples or instances of any of the four defining categories of education or occupation (called models). The SOE consists of two parts, one designed to elicit occupational significant others, and one to elicit educational significant others. Both sections are composed of 16 items or questions. Four ask the subject to list the individuals who have talked to him (definers) about each of the four information categories; four ask the subject to list individuals who have been examples (models) of each of the four information categories; four ask the subject to list individuals who have talked to the subject (definers) about himself relative to each of the four categories; and finally four items ask the subject to list those individuals whom he knows (models) who are like him in their particular relationship toward each of the four education-occupation categories. Sample items are: "Whom do you know who is like you are in being suited for the same kinds of work?"; "Whom do you know who has tried to develop himself as a person through education beyond high school?" The occupational and educational expectations of those persons named by subjects were measured by means of a separate instrument, the Expectation Elicitor, and their expectations were then related to subjects' educational and occupational aspirations. It was found that the significant effect of socioeconomic status on educational and occupational aspirations is, in part, mediated by influence of significant others in their ability to define the concepts of education, occupation, and self. Further information, reliability and validity data, and a copy of the SOE are available in the source document.

SKILL VERSUS CHANCE ACTIVITY PREFERENCE INVENTORY

Oklahoma City, University of Oklahoma Medical Center, 1968.

Schneider, John M., Department of Psychiatry, University of Oklahoma Medical Center, Oklahoma City, OK 93104

The Skill Versus Chance Preference Inventory is designed to measure preferences among a wide variety of activities involving skills and chance. The Inventory consists of 170 items, each of which consists of two activities lettered A and B. The respondent is asked to circle the activity in each pair which he prefers more than the other activity. If the subject feels he likes or dislikes both activities, he is requested to circle the one activity he more strongly likes or dislikes least. Some sample items are: "Volleyball" versus "Dog races"; "Boxing" versus "Pinball games"; "Chess" versus "Throwing dice"; "Baseball" versus "Golf"; "Chess" versus "Football"; "Dog races" versus "Pinball games." A general reference for the inventory is Schneider, John M. Journal of Consulting and Clinical Psychology, 1968, 32, 333-337. More information and a copy of the instrument are available from the author.

THE STUDENT ATTITUDE QUESTIONNAIRE

An alternative form of a forced choice F-Scale. Psychological Reports, 1965, 16, 933-940.

Strickland, Lloyd H., & Janicki, Peter W., Psychology Department, Carleton University, Colonel By Drive, Ottawa, Canada KIS 5B6

The Student Attitude Questionnaire is an instrument designed to provide a form of the F-Scale which does not suffer from the defect of the original scale (i.e., acquiescence response set) or the counterbalanced form of the scale (i.e., small correlations between supposedly parallel items which require both yes and no responses). The instrument consists of 25 pairs of statements representing bipolar orientations. These items are responded to in terms of a 6-point Likert scale ranging from "strongly agree" (with one item representing one end of the pole) and "strongly disagree" (with the item representing the other end of the pole). Sample items from the questionnaire are: "An insult to our honor should always be punished" versus "Insults to our honor are not always important enough to bother about"; "Human nature being what it is, there will always be war and conflict" versus "Human nature doesn't have to make war inevitable, man may someday establish a peaceful world." The present instrument was developed from a 25-item bipolar scale consisting of a statement for which a yes response would contribute to a high F score, and its appropriate reversal (i.e., a statement for which a no response would contribute to a high F score). Two samples of 25 and 55 male undergraduates took the test, and 5-week test-retest coefficients of .69 and .66 were obtained. Further information and a copy of the instrument may be obtained from the author.

VALUE CONFLICT IN ELEMENTARY SCHOOLS IN HAWAII

Honolulu, Education Research and Development Center, University of Hawaii, 1971.

Ryan, T. Antoinette, Education Research and Development Center, 1776 University Avenue, University of Hawaii, Honolulu, HI 96822

Value Conflict in Elementary Schools in Hawaii is a project summary of the research thus far completed towards the development of a questionnaire to measure the values of pupils, parents and school personnel. The aim of the scale will be to determine the extent to which values held by parents, pupils, and school personnel are congruent and to determine the relationships across ethnic, socioeconomic, occupational and related variables. The first phase of test development was the identification of values relevant to the educational process. This was done by deriving 51 value categories from analysis of 1,348 articles, books, and instruments measuring values, and from analysis of protocols from objectively structured interviews with pupils, parents and personnel. Objective procedures, involving assessment and consensus by seven judges, were then outlined to generate and validate criteria for identifying value statements in the source literature. Using these criteria an initial pool of 7,000 value statements was collected. Examples of the value categories sampled are: "Religionism"; "Autonomy"; and "Egalitarianism." Sample items are: "The most important thing science can do is produce useful things"; "I seldom worry or feel guilty about not working hard enough"; "The nicest thing you can say about a person is that he is able to get along with others." The present scale consists of 662 items to be administered in four parts. A pretest of the inventory has been administered to the pupils, parents and personnel of nine elementary schools randomly selected from 102 schools representing the three major socioeconomic classifications in Oahu, HI. This pretest sample included 977 pupils, 977 parents, and 392 school personnel. The final phase in development of the inventory will involve the application of factor analytic techniques to data thus far collected. Further information and a copy of the present scale may be obtained from the author.

VALUE SOCIALIZATION SCALES

Nashville, John F. Kennedy Center for Research on Education and Human Development, 1973.

Gorsuch, Richard L., Institute of Behavioral Research, Texas Christian University, Fort Worth, TX 76129

The Value Socialization Scales were designed to reflect the degree to which a child has learned those values necessary to fit into any society or to choose among the subcultures available to him. The instrument are intended to be used with fourth, fifth, and sixth grade children. The first of the two scales is a traditional Semantic Differential Scale where the child is asked to rate a series of behaviors reflecting basic social values on the semantic differential scales. The score is computed by totaling the responses across all the values rated. The second value socialization scale asks the child to indicate how much he admires (i.e., likes or dislikes a child who performs various acts such as a child helping someone who just fell down). The scales were developed in a research project where children were asked to give examples of value laden behavior which they observed in other children around them. Behaviors which the children saw as normative in their environment were also solicited. Black and white, lower class and middle class, male and female children were used. Based upon the responses which occurred in all eight groups formed by crossing sex with class with race, items were then generated for a series of value categories. These were administered to a new set of children, and it was found that the value categories correlated sufficiently to warrant combining them into a single scale. The final scales were developed by choosing those items which were valid in each and every one of the eight subgroups. The scales can be group administered in the ordinary classroom. The semantic differential scale takes approximately 10 to 12 minutes, and the admiration type of value socialization scale takes less than five minutes. The time required for scoring is approximately the same as that of other questionnaires of equal length. These scales have reliabilities ranging from .70 to .95, depending upon how they are computed. The content validity of the scales is high. Raters consistently identify these items as reflecting basic values that children need to learn during this age. Construct validity has been found in studies relating the scales to the teacher's perception of the child as a problem in the classroom. Correlations between these scales and the children's version of the Crowne and Marlowe social desirability scale are insignificant even with samples of 100 to 400. The scales are essentially counterbalanced for acquiescence response bias. The major application of the instrument to date has been in identifying the effects of teachers in changes in pupils' values. A copy of the instrument and a complete research report may be obtained from ERIC Document Reproduction Service, Post Office Drawer 0, Bethesda, MD 20014. EDRS price is $0.65 for microfiche (MF) and $9.87 for hard copy (HC). Orders must include the accession number (ED 057 410), type or reproduction (HC or MC), and the number of copies.

YOUTH RESEARCH SURVEY
Minneapolis, Youth Research Center, 1971.

Strommen, Merton P., & Gupta, Ram K., Youth Research Center, 122 West Franklin Avenue, Minneapolis, MN 55404

The Youth Research Survey (YRS) is a self-report instrument of 420 items printed in two books. The first book, entitled Myself and my view of the world, deals with the concerns and attitudes of youths biographical and sociological information. Book Two, captioned My values and beliefs, measures the values and beliefs of youths. There are 25 scales in this instrument, 12 of them in Book One and 13 in Book Two. Twenty-four of the scales are classifed into three major categories: a) Concerns (10 scales); b) Beliefs-values (11 scales); and c) Perception (three scales). The twenty-fifth scale is a validity scale which is used to give an indication about the genuineness of the responses. The 25 scales are: 1) Family unity (10 items); 2) Parental understanding (nine items); 3) Family pressures (seven items); 4) Life partner (seven items); 5) Lack of self-confidence (eight items): 6) Academic problems (nine items); 7) Personal faults (12 items); 8) Classroom relationship (nine items); 9) National issues (11 items); 10) God relationship (nine items); 11) Interest in help (25 items); 12) Maturity of values (seven items); 13) Orientation for change (11 items); 14) Moral responsibility (10 items); 15) Meaningful life (17 items); 16) Religious participation (13 items); 17) Social action (eight items); 18) Self-regard (13 items); 19) Human relations (12 items); 20) God awareness (15 items); 21) Biblical concepts (8 items); 22) Youth group vitality (10 items); 23) Adult-caring (11 items); 24) Family social concern (eight items); 25) Frankness (15 items). Sample items include: "God helps me decide what is right or wrong behavior"; "I wonder about how to keep boys/girls interested in me"; "It is wrong to date a person of another race." The respondent is required to use a variety of answering scales, e.g., "never," "no longer," "very much " "quite a bit," "somewhat," "very much," "quite a bit," "somewhat," "very little"; "yes," "no," "sometimes"; "strongly agree," "agree," "disagree," "strongly disagree"; etc. The YRS has been used by clergymen, religious educations, and school counselors who work with young people of high school age. The instrument must be scored by computer. Internal consistency reliability figures for the scales range from .56 to .93 with most in the 70's and .80's. A discussion of scale validity is contained in the manual. Additional information, a copy of the manual and a copy of the instrument are available from the first author.

SUICIDE AND DEATH

ACUTE ACCIDENTAL POISONING FORM

Neurologic sequalae of poisoning in children. The Journal of Pediatrics, 1968, 73(4), 531-539.

Angle, Carol R., McIntire, M. S., & Meile, R. L., Medical Center, University of Nebraska, 42nd and Dewey Avenue, Omaha, NB 68105

The Acute Accidental Poisoning Form is an instrument designed to provide medical, psychological, familial, and demographic background information on patients between the ages of one to five who were admitted for emergency hospitalization due to poisoning. The form was designed primarily for follow-up research performed on such patients 18 months to 14 years after hospitalization in an attempt to study the association between toxic convulsions in young children and later intellectual deficiencies. The instrument consists of 16 pages and includes comprehensive interview and examination schedules to measure such variables as parents' educational level, broken family, significant mental or physical illness in the family, birth history, possible C.N.S. insults, preexisting problems in speech, hearing, vision, school behavior, parental child-rearing behavior, and physical-neurological performance. A sample item is: "As well as you can remember, were you concerned about your child in any of the following areas before he was hospitalized for the accidental poisoning?"; "Did you become concerned about any of these after he was in the hospital? (e.g., restless sleep, being shy, glum, or sulky.)." To date, the major application of the instrument has been in the study of the relationship between early toxic convulsions and induced C.N.S. impairment and later subsequent intellectual deficiency. The results of this research are reported in the source document.

ACUTE ACCIDENTAL POISONING SHORT FORM

The taxonomy of suicide as seen in poison control centers. Pediatric Clinics of North America, 1970, 17(3), 697-706.

McIntire, Matilda S., & Angle, Carol R., Medical Center, University of Nebraska, Forty-second and Dewey Avenue, Omaha, NB 68105

The Acute Accidental Poisoning Short Form (a title supplied by the abstractor) is an instrument designed to measure familial, socioeconomic and psychological variables associated with the occurrence of poisoning in children and adolescents. The instrument was designed primarily for the purpose of isolating significant co-varying factors in the occurrence of poisoning in order to further suicide (accidental or intentional) prevention. The instrument consists of 25 items which are coded by the interviewer after elicitation of sufficient information from the respondent. Five items elicit demographic information, three items refer to type of poisoning and route of intoxication, seven items elicit familial background data, four refer to past psychological factors antecedent to the poisoning and to the current situation, and three items respectively deal with the patient's concept of death, consideration of poisoning (as assessment of intent to commit suicide), and the result of suicidal motivation. To date, the major application of the instrument has been in a large scale study of poisoning in children and adolescents as a contributing cause of the suicide rate in that age group. Results of that study are reported in the source document. A copy of the instrument is available from the first author.

BOYAR DEATH SCALE

The construction and partial validation of a scale for the measurement of the fear of death. Dissertation Abstracts, 1964, 25, 2041.

Boyar, Jerome I., Psychiatry, 888 South King Street, Honolulu, HI 96813

The Boyar Death Scale is an instrument designed to measure the amount of agreement or disagreement with statements concerning death. The instrument is designed primarily to determine attitudes toward death. The Boyar Scale contains 18 statements to which the subject responds with one of six possible alternatives from "slight agreement" to "strong disagreement." Sample items are: "I do not mind the idea of being shut into a coffin after I die"; "I am not afraid of a long slow dying"; "Graveyards seem to upset many people but they do not bother me." A copy of the instrument is available in the source document.

THE COLLETT-LESTER FEAR SCALE

The fear of death and the fear of dying. The Journal of Psychology, 1969, 72, 179-181.

Collett, Lora-Jean; & Lester, David, no address for the first author.

The Collett-Lester Fear of Death Scale is an instrument designed to measure four dimensions of the general fear of death: 1) Fear of death of self; 2) Fear of death of others; 3) Fear of (the process of) dying of self; 4) Fear of (the process of) dying of others. These four dimensions constitute the subscales of the present instrument. The fear scale was developed from 38 statements written to reflect the four fear areas. Each of the above four subscales contained 10, 10, 8, and 10 items respectively. Sample items from each of the subscales are: 1) (Death of self) "I am disturbed by the shortness of life"; 2) (Death of others) "I would experience a great loss if someone close to me died"; 3) (Dying of self) "I am disturbed by the physical degeneration involved in a slow death"; 4) (Dying of others) "I would feel anxious if someone who was dying talked to me about it." Subjects are asked to rate scale items in terms of a 6-point scale ranging from "+3" to "-3" with the six positions corresponding to response options ranging from "strong agreement" to "strong disagreement." The instrument requires 10 to 15 minutes for completion and is easily hand scored. The fear scale may be administered to groups or individuals. The instrument was administered to 25 female undergraduates. The scores of subjects on each item were correlated with the total score for the subscale to which the item belonged. All items whose correlations were not significant were eliminated, leaving a final scale consisting of 32 items. Low intercorrelations were observed between the four fear subscales indicating the usefulness of differentiating the four specific fear areas. Further information regarding this instrument may be obtained from the second author, D. Lester, Suicide Prevention and Crisis Service, 312 Lafayette Building, Buffalo, NY 14203. A copy of the scale may be obtained from the National Auxiliary Publications Service by ordering NAPS Document #00418 from ASIS National Auxiliary Publications Service, c/o CCM Information Services, Inc., 22 West 34 Street, New York, NY 10001, remitting in advance $3.00 for photocopies of $1.00 for microfilm.

CROSS-ETHNIC STUDY INTERVIEW SCHEDULE

Scientific Analysis Corporation, 4339 California Street, San Francisco, CA 94118, 1970.

Kalish, Richard A., 2465 Le Conte Avenue, Berkeley, CA 94709

The Cross-Ethnic Study Interview Schedule was designed to assess attitudes toward death and grieving. It consists of 170 items dealing with reactions and attitudes toward the following areas: "Encounters with death"; "Terminal disease of a friend"; "The death of spouse"; "Suicide"; "The relative degree of tragedy in different kinds of deaths"; "Reasons for not wanting to die"; "Various ideas concerning the respondent's own death"; "Appropriate restrictions for a bereaved spouse"; "Life after death"; "Wishes concerning the respondent's own funeral"; "Predictions and wishes concerning the respondent's own death." The only application of the instrument to date has been in a study investigating cross ethnic attitudes toward death and bereavement. In this study it was administered to 434 persons in the Greater Los Angeles area, roughly equally divided among Black-, Japanese-, Mexican- and Anglo-Americans. Spanish and Japanese translations are available. No validity data have, as yet, been gathered for the instrument. Administration time is usually about 65 minutes, and most scoring, with the exception of a few items needing further analysis, can be done during administration. The instrument is administered through an interview in which the interviewer asks the questions and matches the respondent's answers to one of the given response categories. More information and a copy of the instrument are available from the author.

DEATH ANXIETY SCALE

The construction and validation of a death anxiety scale. Journal of General Psychology, 1970, 82, 165-177.

Templer, Donald I., The Carrier Clinic, Belle Mead, NJ 08502

The Death Anxiety Scale (DAS) is designed to assess the permeation of death anxiety in a wide variety of life experiences. The scale was constructed from an original 40 items. Thirty-one of these items were retained on the basis of judge's ratings, and then administered to three groups of subjects. The 15 items for which point biserial correlation coefficients were significant at the .10 level in two out of three analyses were included in the final DAS. Some sample items are: "The sight of a dead body is horrifying to me"; "I often think about how short life really is." The items are embedded in the last 200 items of the MMPI for administration. Phi coefficients demonstrated the relative independence of the individual items. Test-retest reliability was found to be .83. The response sets of social desirability and agreeing response tendency were found to contribute little to the variance of the DAS. The scale's validity was investigated in two different studies. The first found that psychiatric patients who had verbalized death anxiety to professional personnel scored significantly higher on the DAS than control patients matched for age, sex, and diagnosis. In the second study with college students, a high correlation (r = .74) was obtained between the DAS and Boyar's Fear of Death Scale, the product of an unpublished doctoral dissertation. A statistically significant correlation was found between DAS scores and the number of words of emotional content produced on a sequential word association task. The scale's relationships with general anxiety, age, sex, race, socioeconomic status, galvanic skin response to death related words, depression, health, cigarette smoking, Byrne's Repression Sensitization Scale, and the Eysenck Personality Inventory have also been investigated.

DEATH CONCERN SCALE

Unpublished instrument, Wellesley College, 1970.

Dickstein, Louis S., Department of Psychology, Wellesley College, Wellesley, MA 02131

The Death Concern Scale (DCS) is designed to measure individual differences in the degree of conscious confrontation of death and concern over its implications. The DCS consists of 30 statements which are rated by the subject as they apply to him along a 4-point scale, with one corresponding to the negative extreme and four corresponding to the positive extreme. Some sample items are: "I have fantasies of my own death"; "I think people should first become concerned about death when they are old"; "The inevitable death of man poses a serious challenge to the meaningfulness of human existence." The scale may be administered to both males and females and has to date been used primarily with college students. The author has attempted to achieve high internal consistency in this instrument. Information concerning ranges, means, standard deviations and split-half reliabilities is given for four administrations. The split-half reliabilities for all administrations were above .85, and the test-retest reliability for a previous sample was found to be .87. The scale's construct validity was tested by investigating its relationships with the Manifest Anxiety Scale (MAS), the State-Trait Anxiety Inventory (STAI), the Repression-Sensitization Scale (R-S), Internal-External Scale (I-E) and the Edwards Personal Preference Schedule (EPPS). All findings corresponded to hypothesis except those concerning the I-E scale which failed to yield any relationship between death concern and externality. More information is contained in Dickstein, Louis S. Death concern: measurement and correlates. Psychological Reports, 1972, 30, 563-571. A copy of the instrument may be obtained from the author.

FEAR OF DEATH SCALE

Fear of death of suicidal persons. Psychological Reports, 1967, 20, 1077-1078.

Lester, David, Department of Psychology, Stockton State College, Pomona, NJ 08240

The Fear of Death Scale is an instrument designed to measure the fear of death in an individual. The instrument consists of 21 statements to which the subject responds with one of two possible alternatives, "disagree" or "agree." The subjects are asked to consider the death in each statement to represent their own death at the time they take the test. Sample items are: "What we call death is only the birth of the soul into a new and delightful life," "Death is a great mystery," "I am afraid to die because there is a future punishment," "I would feel better about death if I knew what it was going to be like." Parallel forms of the scale were found to have a correlation coefficient of .55. The test-retest consistency value was .58. The scale was compared to five criteria to establish validity. These criteria were a graphic rating scale representing the dimension of "favorability-unfavorability," a 5-point fear of death scale, an assessment of the subject's concept of death through questions such as, "Do you believe in a soul?" and "Do you wish to be cremated or buried?", an assessment of the subject's preoccupation with thoughts of death, and an assessment of whether the subject avoided or was distressed by situations involving death. The author reports a correlation of .44 between the fear of death scale and the graphic rating scale. A copy of the instrument is available from the author.

THE GENERALIZED EXPECTANCIES SCALE

Hopelessness, depression, and attempted suicide. Philadelphia, University of Pennsylvania, 1973.

Beck, Aaron T., Minkoff, Kenneth, Bergman, Erick, & Beck, Roy, Room 429, Stouffer Building, Philadelphia General Hospital, Thirty-fourth and Civic Center Boulevard, Philadelphia, PA 19104

The Generalized Expectancies Scale (GES) is an instrument designed to measure the variable of hopelessness or pessimism as this variable relates to incidence of attempted suicide. The instrument consists of 20 "true" or "false" questions developed to measure a respondent's negative expectations for the future. Sample items from the scale are: "I have great faith in the future"; "My future seems dark to me"; "My past experiences have prepared me well for my future"; "I can look forward to more good times than bad times." The scale may be administered orally or self-administered. The GES requires about 5 to 20 minutes for completion by either method. Scoring is by hand and requires about five minutes per test. The GES was administered to 68 consecutive suicide attempters admitted to Philadelphia General Hospital. Significant correlations between seriousness of suicide intent and hopelessness, as measured by the GES, were observed. Seriousness of intent was found to correlate nonsignificantly with depression, but significantly with hopelessness. The authors report considerable evidence of the scale's concurrent and construct validity. Further information and a copy of the scale may be obtained from the first author.

HEALTH QUESTIONNAIRE

Factors affecting the outcome of conjugal bereavement. British Journal of Psychiatry, 1967, 113, 503.

Maddison, David C., & Walker, W. L., Department of Psychiatry, University of Sydney, Sydney, New South Wales, 2006, Australia

The Health Questionnaire was designed to tap changes in the physical and mental health of female subjects who have been widowed. The purpose of the questionnaire is to measure changes in the physical and mental health of bereaved women over time, and to contrast this with health changes that are reported by middle aged women who have not experienced the death of a spouse. The questionnaire is divided into two parts. Part I presents subjects with a checklist of emotional and physical symptoms to be underlined if the symptom in question is a new complaint or has become "much more troublesome" over the past year. The checklist consists of 50 items. Sample items are: "Sleeplessness"; "High blood pressure"; "Stomach ulcers," etc. Part II consists of incomplete statements referring to a number of physical and emotional conditions. Subjects are provided with a number of statements describing the extent of disturbance in the condition "before" and "since" the death of the spouse. Subjects are to complete the statement by checking one of the alternatives provided. A sample item from this section of the questionnaire is: "Before my husband's death I took sleeping pills, tranquilizers or nerve pills, a) not at all, b) occasionally, c) regularly, but not so much to concern me, d) so much that I have been concerned about it." In scoring the instrument, items which are checked receive an additional weighting if the particular symptom has led to consultation with a doctor for the first time since the crisis and a further weighting if it has required hospitalization. An experimental application of the questionnaire may be found in Maddison, D. C., Viola, A., & Walker, W. L. Further studies in conjugal bereavement. Australia and New Zealand Journal of Psychiatry, 1969, 3, 63. Further information and a copy of the instrument may be obtained from the author.

THE LETHALITY SCALES

Philadelphia, Philadelphia General Hospital, 1972.

Beck, Aaron T., Room 429, Stouffer Building, Philadelphia General Hospital, 34th and Civic Center Boulevard, Philadelphia, PA 19104

The Lethality Scales were devised in order to provide a quantitative method for assessing the severity or lethality of suicide attempts. The instrument consists of eight scales by which to rate the following suicide methods: 1) Drug overdose (coma producing and noncoma producing drugs); 2) Shooting; 3) Immolation; 4) Drowning; 5) Cutting; 6) Jumping; 7) Hanging. With the exception of the coma producing drugs scale, which contains 11 scale points, all other scales consist of 6-point scales ranging from 0 (no damage) to 10 (death). Sample items from the instrument are: "Lethality scale for drowning, 0) no damage, 2) conscious, some respiratory distress but no resuscitation needed, 4) conscious, minimal to moderate resuscitation needed, 6) conscious, extensive resuscitation needed, 8) unconscious, massive resuscitation efforts necessary for revival, 10) death"; "Lethality scale for shooting, 0) no damage, 2) flesh wounds with powder burns, 4) bullet lodged in extremity, minor bleeding, 6) bullet in abdomen or chest, major bleeding with vital signs unstable, 8) bullet to head area, 10) death"; "Lethality scale for noncoma producing drugs, 0) no damage, 2) minimal medical consequences or treatment, 4) some injury (e.g., gastric lavage), 6) injury sufficient for hospitalization, vital signs and level of consciousness affected, 8) major systemic effects such as gastrointestinal perforation, hemolysis or shock, with vital signs unstable, 10) death." The ratings are made by attending physicians upon treatment of suicide attempts, usually in an emergency care setting. Further information regarding the application of this instrument, and a copy of the scales may be obtained from the author.

LIFE CRISIS INVENTORY

New York, New York Hospital, Cornell Medical Center, 1970.

Kiev, Ari, & Slavin, Jane R., Cornell Program in Social Psychiatry, New York Hospital, Cornell Medical Center, 525 East 68th Street, New York, NY 10021

The Life Crisis Inventory is designed to yield information relevant to the clinical management of patients and to research. It was originally focused on recent suicide attempts but subsequently has been found useful in depressive illness, drug abuse, alcoholism, and interpersonal difficulties with which the patient is unable to cope. The data necessary to complete the inventory are gathered in a semistructure, nondirective interview. The inventory attempts to combine the best elements of an open ended clinical interview and a straightforward questionnaire. It contains 51 items of rating scale, multiple-choice, and essay types. The following areas are investigated: "Symptoms" (e.g., anxiety, emotional withdrawal, depressive mood); "Sick role" (the patient's view of his symptoms and difficulties as well as his willingness to accept treatment); "The patient's suicidal behavior"; "The suicidal act" (method, intent, and danger); "Drug use and behavior"; "Alcohol usage"; "The likelihood that the subject will commit suicide in the future"; "Psychosocial history and current life styles"; "Diagnostic impressions." The inventory's validity depends heavily on the interviewer's skill to make clinical judgments from a variety of facts, attitudes, and impressions. More information and a copy of the instrument are available from the author.

THE LORR OUTPATIENT MOOD SCALE

An analysis of mood states. Educational & Psychological Measurement, 1967, 27, 89-96.

Lorr, Maurice, Saston, P., & Smith, I. R., 1521 Erskine Street, Takoma Park, MD 20012

The Lorr Outpatient Mood Scale (LOMS) was designed to describe the general mood state of persons evaluated by means of the scale (Lorr, M., Daston, P., Smith, I. R. An analysis of mood states. Educational & Psychological Measurement, 1967, 27, 89-96). The LOMS consists of 62 adjectives which have been intercorrelated and factored. The resulting eight factors contain from 7 to 10 adjectives or items which define their content. The LOMS factors are: 1) Cheerful; 2) Energetic; 3) Inert-fatigue; 4) Thoughtful; 5) Relaxed-composed; 6) Anger-hostility; 7) Tense-anxious; 8) Depressed. Sample adjectives from each of these eight factors are: 1) Optimistic, elated, carefree; 2) Alert, vigorous, enthusiastic; 3) Listless, weary, languid; 4) Pensive, preoccupied, introspective; 5) Calm, serene, relaxed; 6) Spiteful, angry, resentful; 7) Worried, tense, anxious; 8) Hopeless, helpless, apathetic. The rater scores the subject on each of the adjectives in each of the factors in terms of a 4-point scale ranging from "not at all" to "extremely." Numerical scores for the items within each factor are summed, and the resulting score represents the subject's mood level in each of the eight areas. Ratings are made by psychologists or psychiatrists on the basis of information obtained from records or interviews with subjects. The instrument requires about 20 minutes for completion and is easily hand scored. Three LOMS areas (anger-hostility, thoughtfulness, and depressed) significantly discriminated between medical students who committed suicide and those who did not. An experimental application of the LOMS may be found in Epstein, L. C., Thomas, C. B., Shaffer, J. W., & Perlin, S. Clinical prediction of physician suicide based on medical student data. Journal of Nervous and Mental Disease, 1973, 156, 19-29. Further information and a copy of the scale may be obtained from the author.

THE MATURATION OF THE CONCEPT OF DEATH

The taxonomy of suicide as seen in poison control centers. Pediatric Clinics of North America, 1970, 17(3), 697-706.

McIntire, Matilda, & Angle, Carol R., Medical Center, University of Nebraska, Forty-second and Dewey Avenue, Omaha, NB 68105

The Maturation of the Concept of Death is an instrument designed to measure changes in a child's understanding of death as an irreversible cessation. The instrument was designed primarily for use with children and adolescents ranging from 4 to 16 years old and is intended to provide information relating the mature understanding of death to suicide attempts by poison ingestion. The instrument is administered by interview and consists of 33 items, 31 of the multiple-choice with an "older" alternative type and two open-ended questions. Sample items are: "If someone is killed on T.V., what happens to them?" (Answers: "Stay dead"; "Really alive"; "Don't know"; "Other"); "What does life mean to you?" To date the major application of the instrument has been in a large scale study of accidental and intentional self-poisoning of adolescents. Results of that study are reported in the source document. A copy of the instrument is available from the first author.

THE MODIFIED KATZ ADJUSTMENT SCALES

Clinical prediction of physician suicide based on medical student data. Journal of Nervous and Mental Disease, 1973, 156, 19-29.

Epstein, Lynn, Thomas, Caroline B., Shaffer, John W., & Perlin, Seymour, Department of Psychiatry and Department of Medicine, The Johns Hopkins University School of Medicine, Baltimore, MD 21205

The Modified Katz Adjustment Scales (MKAS) were developed in order to distinguish suicidal from nonsuicidal subjects. Five sets of rating items were adapted for this purpose on the basis of their suspected effectiveness in separating suicides from normals. These were adapted from the original Katz Adjustment Scales (Katz, M. M., Lyerly, S. B. Methods for measuring adjustment and social behavior in the community: I. Rationale, description, discriminative validity, and scale development. Psychological Reports Monograph, 1963, 13, 503-535). The instrument samples five areas of personal and social adjustment: "Negativism"; "Suspiciousness"; "Verbal expansiveness"; "Dependency"; "Impulsivity." Each factor contains eight, six, six, six, and three items respectively. Factor items describe behavioral and attitudinal manifestations of the particular factor. Sample items from each factor are: 1) Critical of others, critical of self, sarcastic; 2) Cautious, fears close relationships, distrustful; 3) Loud and boisterous, interrupts, competitive; 4) Passive and submissive, feels inadequate, needs to be accepted; 5) Must have immediate gratification, says things then regrets them, does things he later regrets. The rater scores the subject on each of the adjectives in each of the factors in terms of a 4-point scale ranging from "0" for "not at all" to "3" for "extremely." Numerical scores for the items within each factor are summed resulting in an adjustment score for each adjustment area. The instrument consists of a total of 29 ratings requiring about 10 minutes for completion. Ratings were made on the basis of previously obtained subject data. All five of the scale's categories significantly differentiated between medical students who committed suicide and controls who did not. Further information and a copy of the scale may be obtained from C. B. Thomas, 725 Wolfe Street, Baltimore, MD 21205.

POST-SUICIDAL ATTEMPT SCALE
Philadelphia, Philadelphia General Hospital, 1971.

Beck, Aaron T., Room 429, Stouffer Building, Philadelphia General Hospital, Thirty-fourth and Civic Center Boulevard, Philadelphia, PA 19104

The Post Suicidal Attempt Scale is an interviewer's rating schedule designed to measure the current suicidal ideation of a patient following an unsuccessful attempt at suicide. The scale consists of 12 areas of investigation, some of which are, reaction to the failure of the attempt, reasons for living, thoughts about the future, patient's approach to his problems, possibility of future attempt, feelings about the concern of others. A sample item is: "Reaction to the failure of the attempt, a) patient is not disappointed that the attempt failed; b) patient is not sure of his feelings; c) patient is disappointed that the attempt failed." Information for scoring the scale is obtained in the course of a general interview. An instructions manual is available to guide the interviewer in administering and scoring the scale. The validity of the scale is limited by the skill of the interviewer in obtaining correct information from the patient. Each area is scored individually; the total score is equal to the sum of the individual scores. Suicidal Intent and Suicidal Ideation scales are also available from the same author. More information and a copy of the instrument are available from the author.

SUICIDAL IDEATION SCALE
Philadelphia, Philadelphia General Hospital, 1971.

Beck, Aaron T., Room 429, Stouffer Building, Philadelphia General Hospital, 34th and Civic Center Boulevard, Philadelphia, PA 19104

The Suicidal Ideation Scale is an interviewer's rating schedule designed to assess any thoughts or threats by a patient about taking his own life. These thoughts are usually conscious, but may be unconscious or disguised as well. The seriousness of the ideation is also measured according to two variables; the degree of wish to die, or hopeless or "no way out" feelings, and the degree to which thoughts are being readied for an actual attempt. The scale does not, however, measure the probability of an actual attempt or the patient's circumstances, history or situation. The scale investigates 19 variables, some of which are: "Reasons for living"; "Urgency of ideation"; "Specificity of ideation"; "Method"; "Report of desire to make an attempt." The scale is filled out by the interviewer on the basis of information derived from a psychiatric interview. The questions used for scoring are not asked directly but are incorporated into the general interview in a form as close to the original as possible. A manual is available to aid the interviewer in conducting and scoring the interview, especially in unusual or difficult cases. Each item is scored individually; the total score is equal to the sum of the individual scores. Four unscored items appear at the end of the scale to gain some objective criteria about the patient related to his seriousness of ideation. The scale has been used primarily with patients who have openly expressed suicidal ideation. Post-suicidal help and suicidal intent scales have been developed by the author. More information and a copy of the instrument and the interviewer's manual are available from the author.

SUICIDAL INTENT SCALES
Philadelphia, Philadelphia General Hospital, 1971.

Beck, Aaron T., Room 429, Stouffer Building, Philadelphia General Hospital, Thirty-fourth and Civic Center Boulevard, Philadelphia, PA 19104

The Suidical Intent Scales is an interview schedule designed to appraise the intensity of the attempter's wish to die during his attempt at suicide. The degree of expectancy that the attempt will be fatal is considered to be an important index of this intensity. The scale contains 19 items divided into three sections and is filled out by the interviewer during the course of a psychiatric interview. Each item consists of three alternative statements graded in intensity from "0" to "2" which the interviewer marks after he has gathered enough information from the attempter or other relevant outside sources. The first section deals with the factual aspects of the suicide attempt and its surrounding circumstances. The second section is largely introspective, designed to determine the attempter's thoughts and feelings during the attempt. The validity of this section is greatly dependent upon the interviewer's skill in obtaining and interpreting the answers. The third section is concerned with various factors such as risk, present feelings about the attempt, conceptions of death, and the involvement of alcohol. This section, however, is not scored as the proper weighting of the alternatives has not yet been determined. After the scale proper, there appears a section used to assess the reliability of the ratings, estimate the value of the scale in the particular case, and give explanatory comments. More information and a copy of the scale may be obtained from the author.

SUICIDE DETECTION TEST

An attempt to employ a sentence completion test for the detection of psychiatric patients with suicidal ideas. *Journal of Consulting Psychology*, 1960, 24(2), 156-160.

Efron, Herman Y., Department of Medicine and Surgery, Veterans Administration, Washington, DC 20420

The Suicide Detection Test (SDT) is a sentence completion-projective instrument used to detect those psychiatric patients who are morbidly preoccupied with depressive and suicidal thoughts. The SDT is designed to tap attitudes that are both within and outside the patient's awareness. The SDT is suitable for individual and group administration. It has been used to identify patients who are suicidal risks. The SDT contains 54 incomplete sentences. Nearly one-third of the sentences are written to measure depressive tendencies. Sample items of this type are: "If there were no way out, I would_________"; "My greatest fault is _________"; "Bob's defeat made him_________"; "I would kill myself if _________." The SDT is self-administering and takes about one hour to complete. Additional information and a copy of the instrument are available from the author.

SUICIDE QUESTIONNAIRE

Reno, University of Nevada, 1969.

Ginsburg, Gerald P., Department of Psychology, University of Nevada, Reno, NV 89507

The Suicide Questionnaire (SQ) is a personal interview questionnaire which assesses attitudes toward suicide and people who commit suicide, attitudes toward mental illness, personal knowledge about suicide by relatives and friends, and awareness of local facilities. The instrument is intended for use with a randomly selected adult resident population and is administered by a trained interviewer. It take approximately 45 minutes to administer. The responses are open-ended, and the interviewer must copy them verbatim. The SQ was constructed for the purpose of compiling demographic information. The SQ consists of seven major headings, containing a total of 65 questions. In section C, General Questions about Suicide, a sample item is: "If someone were to mention to you that he had recently been considering suicide, what would you do?" Each section contains a checklist for the purpose of recording the respondent's understanding of an emotional attitude toward the questions. The SQ requires production coding for content analysis. Coding requires about 45 minutes. The codes are available and, when used by trained coders, show an intercoder reliability above .90. To date, the major application of the instrument has been in survey research. See: Ginsburg, Gerald P. Public conceptions and attitudes about suicide. *Journal of Health and Social Behavior*, 1971, 12, 200-207. A copy of the instrument and further information is available from the author.

WORKSHEET FOR STUDY OF TELEPHONE CONTACTS: SUICIDE CALLS

A baseline study of suicidal risk callers contacting the suicide prevention emergency mental health consultation service. Program evaluation, Area C Community Mental Health Center, Department of Public Health, Washington, DC, 1967.

El-Hehiawy, Nancy P., Davidson, Loren, & Ullman, Annette, Department of Human Resources, Mental Health Administration, Area C Community Mental Health Center, 1905 E Street, S. E., Washington, DC 20003

The Worksheet for Study of Telephone Contacts: Suicide Calls was used to gather baseline data on suicide in a federally funded mental health program in an urban community. Records were kept on telephone calls to the Suicide Prevention Emergency Mental Health Consultation Service of the District of Columbia Department of Public Health from July 1, 1966 to June 30, 1967. Review of the calls was proposed in order to identify the population which was served by the Suicide Prevention Emergency Health Consultation Service and to establish baseline indices regarding the effects of patient referral to other agencies. Some 690 calls, made by a total of 344 persons, were recorded concerning suicide, suicide attempts, and cries for help regarding suicide. For each call, information was solicited regarding name, sex, age, race, date of call, health area of residence, marital status, religion, occupational status, number of previous suicide attempts, reason for calling service, time spent on call, classification of the call in terms of emergency, urgent or nonurgent, a suicidal rating, (low, moderate, or high) determined by a rating scale used by the service, the agency to which the caller was referred. Follow-up data were sought from the referral agencies. A separate data sheet was filled out for each repeat call. Summary data are available in the source document. Further information and a copy of the worksheet may be obtained from the author.

TEACHER ATTITUDES AND TEACHER EVALUATION

ATTITUDE-BEHAVIOR SCALE: EDUCATIONAL CHANGE

East Lansing, Michigan State University, 1972.

Jordan, John E., College of Education, Michigan State University, East Lansing, MI 48823

The Attitude-Behavior Scale: Educational Change is an instrument designed to measure beliefs and attitudes toward educational change. The instrument consists of 179 items. The items deal with the beliefs and opinions of the respondent about educational change and his conception of other people's beliefs and opinions. Sample items are: "People in my country believe the following about the situation after educational change when compared to the former situation"; "The administrative duties of teachers (increase considerably, increase a little, decrease a little, decrease considerably)"; "In general, people who have participated in educational change believe that, after the change, a scientific attitude in students is discouraged (strongly agree, agree, disagree, strongly disagree)"; "Indicate if you consider right or wrong the following ideas that people may have with respect to educational change, when others believe that attention given to content of basic subjects is decreased they are (almost always right, usually right, usually wrong, almost always wrong)." Cross-cultural data from several nations are available in several languages. The instrument is self-administered. A copy of the instrument and other information are available from the author.

THE EDUCATION ORIENTATION MATRIX

Power and decision making in education. Salt Lake City, Interstate Educational Rerource Service Center, 1970.

Wight, A. R., Interstate Educational Resource Service Center, 710 East Second South, Salt Lake City, UT 84102

The Education Orientation Matrix is an instrument designed to assist in the examination of various orientations to power, control and decision making within an educational context. The instrument was also intended to allow the investigation of the implications of these educational orientations for student and teacher roles, as well as their consequences in terms of learning outcomes for pupils. The instrument is designed for use with school teachers and administrators. It consists of a 9" x 9" square matrix, with coordinates (1,1) being labeled "Self"; coordinates (9,1) being labeled "Traditional/Directive"; coordinates (1,9) labeled "Permissive/Nondirective"; and coordinates (9,9) labeled "Participative." "Self" refers to an orientation characterized by faith in the students' ability to learn through experience and discovery in self-initiated learning activities. "Traditional/Directive" assumes that the teacher and the educational system are in a better position to evaluate the educational needs of the students. "Participative" education assumes that if students are to learn to think for themselves, solve problems, and make decisions, they must be allowed to participate in these activities. The Educational Orientation Matrix has not been used in any experimental attempt to measure these orientations to education. The instrument is apparently intended as a conceptual aid, with possible applications in the placement of particular educational orientations within the framework. Further information regarding this tool may be obtained from the author.

THE EVALUATION OF INSTRUCTORS BY THE STUDENTS RATING SCALE

East Lansing, Michigan State University, 1970.

Kagan, Norman, College of Education, Michigan State University, East Lansing, MI 48823

The Evaluation of the Instructors by the Students Rating Scale is an instrument designed to evaluate the impact of a Doctor-Patient Relationship course offered to first year medical students at Michigan State University. A series of course assessment instruments were developed for the purpose of: 1) Identifying effective aspects of the course; 2) Eliminating ineffective aspects; 3) Developing instruments for evaluating medical students with regard to this interpersonal dimension, and developing instruments designed to measure effective ways of instructing medical students in basic behavior dynamics and interviewing techniques. The instructor rating scale consists of two parts. Part I consists of six items evaluating the instructor's performance. Sample items from this section are: "The instructor helped me explore my feelings, thoughts, and worries during the interview"; "The instructor seemed to be a genuine, caring individual." Ratings are made in terms of a 4-point scale ranging from "frequently" to "not at all." Part II, "Objective Comments," provides students with the opportunity to make suggestions, comments, complaints, etc., regarding course instructors. Three questions are provided as guidelines for responses to Part II: 1) "What was the most effective thing the instructor did during the Process Recall Interview?"; 2) "What was the least effective thing the instructor did during the PRI session?"; 3) "What suggestions do you have to help him improve his effectiveness with you?" Responses collected from all first year medical students at Michigan State University demonstrated that students regarded instruction in basic behavior dynamics and interviewing techniques both a necessary and beneficial skill to future physicians. Further information regarding the format of the course and copies of the course evaluation instruments may be obtained from the author.

FACULTY QUESTIONNAIRE

College and university faculty: A statistical description. American Council on Education Research Report, 1970, 5(5), 47.

Office of Research, American Council on Education, 1 DuPont Circle, Washington, DC 20036

The Faculty Questionnaire is an instrument designed to collect data on the faculty in colleges and universities. The instrument is intended for use with those American college and university faculty members at institutions participating in the Cooperative Institutional Research Program (CIRP). Its overall purpose is to obtain an accurate picture of faculty characteristics and opinion in higher educational institutions. The questionnaire covers such areas as the social origins and characteristics of academic men and women, training and career patterns, allocation of time to the functions of teaching, research and community service, attitudes and orientations toward higher education as a whole, concepts of their professions, views of academic freedom and institutional authority, opinions on student activism and broader social and political attitudes. Further information can be obtained from the American Council on Education.

IDEAL TEACHER TEST

Ideal teacher concepts: Attitude shift after practice teaching. Psychological Reports, 1971, 28, 470.

Uchiyama, Andy, & Lindgren, Henry C., Department of Psychology, California State University at San Francisco, CA 94132

The Ideal Teacher Test was developed as a forced choice method for describing good and poor female elementary school teachers. The test consists of 30 pairs of adjectives. Each pair is made up of an adjective that describes the ideal teacher and another adjective that describes an opposing quality. The pairs are constructed so that words with negative connotations are paired together. Sample items are: "Irresponsible-rigid"; "Affectionate-clear thinking." The adjectives comprising the pairs are taken from adjectives found to be used most frequently by peers in describing teacher trainees scoring high and low on the Student Teacher Scoring Formula, STSF (Gough, H. G., et al. Predicting performance in student teaching from the California psychology inventory. Journal of Educational Psychology, 1968, 59, 119-127). Subjects may be asked to select the adjective of each pair that best describes them, or the adjective that best describes their "ideal" teacher. The test is self-administering, requiring about 10 minutes for completion and three minutes for hand scoring. The Ideal Teacher Test has been used in a study comparing the "ideal teacher" ratings of 16 teacher training supervisors, 16 teacher trainees, and 16 female educational psychology students. Results showed that supervisors' "ideal" ratings coincided most closely with peer ratings of high STSF scorers from the Gough, et al., study, next closely with student teachers' ideal teacher ratings, and least closely with educational psychology students' ideal teacher ratings. Split-half reliability of the Ideal Teacher Test was found to be .84. Further information and a copy of the test may be obtained from Henry C. Lindgren, Department of Psychology, California State University at San Francisco, CA 94132.

THE INTERVIEW SUMMARY AND OUTLINE

Project summary: Therapeutic nursery school teacher training. Final report, NIMH Grant MH-10547, June 1969.

Adelman, Howard S., & Sperber, Zanwil, Department of Psychology, University of California at Los Angeles, Los A[illegible]es, CA 90024

The Interview Summary and Outline is an instrument designed as part of a battery of tests developed for the purpose of evaluating the performance of therapeutic nursery school teacher trainees. Eighteen female trainees with general teaching experience were screened and selected to take part in the training program. The purpose of the program was to provide a number of clinically oriented paraprofessionals trained to relate to, understand and work specifically with mentally disturbed preschool aged children and their parents in an outpatient or "nursery school" setting. The Interview Summary and Outline is designed to tape the performance of trainees in the areas of patient diagnosis and interview analysis. The instrument is administered in conjunction with a videotaped interview of a patient's mother by a social worker. Items in the Interview and Summary Outline refer to the content of the videotaped interview. The instrument is divided into two sections. The summary section requires trainees to describe, on the basis of the videotaped interview, what they know about the interviewee. Trainees are given one full page in which to complete the portion of the test. The second part of the instrument, the outline section, lists six areas pertaining to the interview upon which trainees must write a one page discussion. Sample items from this section are: 1) description of interview (include a discussion of what kind of person you think the interviewee is, the relationship between the interviewer and the interviewee); 2) goals of the interviewer (include a discussion of what it appeared to be that the interviewer was attempting to accomplish and how successful the interviewer appeared to be in accomplishing the goals). By identifying factors that are found to correlate with trainee success, as measured by the trainee rating procedure of which this instrument is a part, general criteria for the selection of therapeutic nursery school teachers may be developed. Further information regarding the training program and copies of the trainee evaluation tests may be obtained from Zanwil Sperber, Department of Child Psychiatry, Cedars-Sinai Medical Center, 8720 Beverly Boulevard, Los Angeles, CA 90048.

NURSERY SCHOOL SITUATIONS

Project summary: Therapeutic nursery school teacher training. Final report, NIMH Grant MH-10547, June 1969.

Adelman, Howard S., & Sperber, Zanwil, Department of Psychology, University of California at Los Angeles, Los Angeles, CA 90024

Nursery School Situations is an instrument designed as part of a battery of tests which were developed for the purpose of evaluating the performance of therapeutic nursery school teacher trainees. Eighteen female trainees with general teaching experience were screened and selected to take part in the training program. The purpose of the program was to provide a number of clinically oriented paraprofessionals trained to relate to, understand, and work specifically with mentally disturbed children and their parents in an outpatient or "nursery school" setting. Nursery School Situations is an instrument designed to measure how trainees would react in hypothetical situations, i.e., the decisions, diagnoses, and plans of action which trainees would employ in various sorts of problem situations. The instrument consists of four detailed descriptions of children with particular symptomatologies interacting in particular sorts of nursery school situations. A sample situation is: "Jerry is four years old. His teacher relates the following story: 'It was inside time and all the children had come in but Jerry. He stood outside the door and waved at me. . . . When I caught Jerry he looked scared, he drew back and spit in my face. . . . In a few minutes Jerry returned . . . he sat down beside me . . . leaned over to rest his arms on my lap and began to suck his thumb . . . he began to relate stories that his daddy told him about monsters, cars crashing, etc. He also said his daddy was teaching him how to use electric tools and swim in deep water. Jerry stuttered as he related these things, and he stroked my hand and leaned his head on my lap.' What do you think is going on in the child just described?" Trainees are given one page in which to discuss the motivations, fears, feelings, etc., experienced by the child and to discuss what they would do in the situation described and why they would choose that particular course of action. By identifying factors that are found to correlate with trainee success, as measured by the evaluative procedure of which this instrument is part, general criteria for the selection of therapeutic nursery school teachers may be developed. Further information regarding the training program and copies of the trainee evaluations tests may be obtained from Zanwil Sperber, Department of Child Psychiatry, Cedars-Sinai Medical Center, 8720 Beverly Boulevard, Los Angeles, CA 90048.

OPINIONNAIRE ON ATTITUDES TOWARD EDUCATION

Authoritarism independence, and child-centered practices in education: A study of attitudes. *Psychological Reports*, 1962, 10, 747-750.

Lindgren, Henry C., Department of Psychology, California State University of San Francisco, 1600 Holloway, San Francisco, CA 94132

The Opinionnaire on Attitudes Toward Education (ATE) was designed to measure child-centered orientations to education (i.e., an educational philosophy "aimed at giving the individual child more rights and at reducing the status differential between teachers and students"). The test consists of 50 items that tap three sorts of educational orientations: a) Understanding students' behaviors in terms of psychological motivations; b) Controlling students' behavior by authoritarian methods; c) Emphasis on the learner versus emphasis on what is learned. Sample items from these three respective areas are: "Most boys and girls who present extreme cases of problem behavior are doing the best they can to get along with other people"; "It is appropriate for teachers to require an additional assignment from a student who misbehaves in class"; "How a student feels about what he learns is as important as what he learns." Respondents rate the items in terms of "agree," "undecided," and "disagree." A shorter 30-item form of the scale was also created by eliminating those 20 items with the lowest internal consistency coefficients. The ATE is self-administering, requires 20 to 30 minutes for completion, and is easily hand scored. Normative data have been compiled from a sample of 216 inservice teachers enrolled at San Francisco State College. A split-half reliability coefficient of .82 has been obtained for the 50-item scale. Child-centeredness has been found to correlate negatively with the F Scale (a measure of authoritarianism) and positively with nonconformity as measured by an Asch perceptual task. Similar results were obtained in studies with English speaking Arab students in Lebanon and with teachers and students in Brazil, using Portuguese translations. An experimental application of the scale may be found in Lindgren, H. C. Correlates of attitudes toward child-centeredness in education. *Psychological Reports*, 1961, 9, 440. Further information and copies of the two forms of the ATE may be obtained from the author.

THE Q-SORT RATING PROCEDURE FOR DESCRIBING NURSERY SCHOOL CHILDREN

Project Summary: Therapeutic nursery school teacher training. Final Report, NIMH Grant MH-10547, June 1969.

Adelman, Howard S., & Sperber, Zanwil, Department of Psychology, University of California at Los Angeles, Los Angeles, CA 90024

The Q-sort Procedure for Describing Nursery School Children is an instrument designed as part of a battery of tests developed for the purpose of evaluating the performance of therapeutic nursery school teacher trainees. Eighteen female trainees with general teaching experience were screened and selected to take part in the training program. The purpose of the program was to provide a number of clinically oriented paraprofessionals trained in relating to, understanding, and working specifically with mentally disturbed preschool aged children and their parents in an outpatient or nursery school setting. The Q-sort Procedure is designed to tap the performance of trainees in the area of patient diagnosis. The instrument is administered in conjunction with a videotape of a particular child interacting in various sorts of situations. The Q-sort Procedure is used to compare the descriptions of the child made by trainees before and after training with the descriptions of the same child made by professionals in the field (i.e., training personnel). The Q-sort Procedure allows for the systematic description and recording of a patient's most and least salient characteristics by means of cards, on which are printed various behaviors or traits which are rank ordered in terms of the degree to which they are descriptive of the patient. The instrument consists of two decks of cards. Deck A consists of 36 cards on which are printed items referring to behaviors that describe a healthy or adaptive potential. Sample items from deck A are: "Can share play materials with other children"; "Shows feelings directly and openly, when angry hits or shouts, when affectionate hugs." Deck B consists of 66 items referring to behaviors with pathological or negative potential. Sample items from deck B are: "Seems under great pressure when unable to gratify a need quickly"; "Is unusually critical or dissatisfied with his productions." Each deck is sorted separately and judges are instructed to describe the child in question by assigning a predetermined number of Q-sort cards into seven (for deck A) or nine (for deck B) levels of descriptiveness ranging from "most" to "least" descriptive. From ratings by trainees and professionals a difference score is computed which reflects the degree to which trainees have made professional assessments of the patient. Further information regarding the training program and copies of the trainee evaluation tests may be obtained from Zanwil Sperber, Department of Child Psychiatry, Cedars-Sinai Medical Center, 8720 Beverly Boulevard, Los Angeles, CA 90048.

STUDENT OPINION QUESTIONNAIRE

Teaching tips. Lexington, MA: D C Heath, 1969.

McKeachie, Wilbert J., Department of Psychology, University of Michigan, Ann Arbor, MI 48104

The Student Opinion Questionnaire is an instrument designed to measure student evaluations of teaching effectiveness in college courses. The instrument is intended for use with college students to provide feedback to instructors. The questionnaire contains 50 items to which the subject is asked to respond by selecting one to five scale alternatives: "This almost always occurred"; "This often occurred"; "This occasionally occurred"; "This seldom occurred"; "This almost never occurred." Sample items are: "The students in the class were friendly"; "The instructor invited criticism of his acts"; "He let the class set its own goals"; "He criticized poor work"; "He stimulated the intellectual curiosity of his students." The instrument was developed through factor analysis of student opinion questionnaires from other schools. Six dimensions were derived from the analysis: "Skills"; "Difficulty"; "Rapport"; "Group interaction", "Feedback"; "Structure." The instrument is administered in classes either by the teacher or by one of the students appointed as instructor. Approximately 15 minutes are required to complete the instrument. Scoring may be either by hand or machine. Relatively few normative data are available. Reported reliability of class scores is approximately .9. Validity data are available in McKeachie, W. J., Lin, Y., & Mann, W. Student ratings of teacher effectiveness: Validity studies. *American Educational Research Journal*, 1971, 8, 325-445. The instrument is available in the source document and also from the author.

THE STUDENT TEACHER QUESTIONNAIRE

California Journal of Educational Research, 1968, 19, 28-33.

Sorenson, Garth, & Halpert, Ruth, Department of Education, University of California at Los Angeles, Los Angeles, CA 90024

The Student Teacher Questionnaire is an instrument designed to tap the attitudes toward teaching and the stress related to teaching experienced by student teachers. The questionnaire consists of 125 items. Items 1 through 45 tap general information such as general teaching experience, study load, commitment to teaching, etc. Items 46 to 125 are 80 reaction items designed to measure the stress experienced by student teachers as a result of role disagreement. Sample items from items 1 to 45 are: "If you had an independent income, would you still teach?"; "Do you feel your choice to become a teacher was of your own volition?" Sample stress items are: "I feel I have difficulty disciplining students"; "I feel unsure about what and how much the students are learning"; "I feel I am not receiving enough positive reinforcement or encouragement from my training teacher"; "My training teacher and I have different interests, personality characteristics, likes and dislikes. Stress items are rated on a 4-point scale from "many times," to "never." Stress items form the major impact of the questionnaire, with special emphasis being given to stresses arising from the student teacher-teacher relationship. The main application of the instrument thus will be as a method by which to match student teachers with training teachers so as to minimize the source of stress. The instrument is self-administering, and requires 15 to 20 minutes for completion. Hand scoring requires about 5 to 10 minutes. Further information and a copy of the questionnaire may be obtained from Ruth Halpert, School of Education, California State University, Northridge, CA 91324.

TEACHER OPINIONAIRE ON DEMOCRACY

St. Louis, St. Louis Peace Research Laboratory, 1949.

Ledbetter, Enola, Peace Research Laboratory, 6251 San Bonita, St. Louis, MO 63105

The Teacher Opinionaire on Democracy is an instrument designed to measure the democratic aspects of teacher philosophy. The instrument is intended for use with teachers and is designed primarily for determining the extent of democratic spirit in teachers. There are two forms of the Teacher Opinionaire on Democracy. Both Forms G and H contain 65 statements to which the teacher responds agree to disagree. Sample items are: "Pupils of different races should not attend the same school"; "Democratic progress is more important than arithmetic progress"; "Pupils should not be allowed to choose their seats in a classroom." The instrument may be self-administered and requires one of two forms and a scoring key. No time limit is necessary. Normative data are available in the manual. More information, the manual, and a copy of the instrument are available from the author.

THE TEACHER RATING SCALE

The relationship of known college grades to course ratings on student selected items. The Journal of Psychology, 1968, 69, 209-215.

Kooker, Earl W., Department of Psychology, North Texas State University, Denton, TX 76203

The Teacher Rating Scale is an instrument designed for the purpose of assessing students' ratings of college courses and course instructors. The scale was devised as part of a study investigating the relationship between students' grades and their teacher/course evaluations. The instrument consists of 73 items divided into seven areas tapping salient aspects of the course content and the course instructor. These seven areas are: 1) Teacher presentation of material; 2) Textbook; 3) Required work and assignments; 4) Tests; 5) Grading system; 6) How teacher attempts to stimulate discussion, originality, independent thinking, and problem solving; 7) Interpersonal relations between teacher and students outside of classroom. Each of the seven categories contains from 8 to 14 items describing possible characteristics of the category heading. Sample items from each of the above category headings are: 1) Dull, boring, lack variety; 2) Helpful aids to studying lesson and reviewing for tests; 3) Reasonable amount and reasonable time limit; 4) Too difficult; 5) Impartial; 6) Really does net try to get participation; 7) Impersonal. Students are asked to evaluate their course in terms of the degree to which each scale item adequately describes the course. Ratings are made on the basis of a 5-point scale ranging from "The item applies to a very high degree" to "a very low degree." The instrument requires about 30 minutes for completion and is hand scored. The Teacher Rating Scale was developed by asking undergraduate psychology students to list phrases or statements concerning liked and disliked characteristics of their college courses. Two psychology professors generated nine categories which best represented the content of students' statements. These nine categories were then put in the form of paired statements such as: "Things I like about the textbook," and "Things I dislike about the textbook." These sentence pairs were then given to two undergraduate samples, and students were asked to enumerate the qualities of categories they liked and disliked. The nine categories were merged into seven, and 73 previously scaled statements were selected on the basis of the reliability and discriminability of students scaled ratings. Two-week test-retest reliability coefficients for each of the scale sections ranged from .73 to .87. Total score retest reliability was .91. It was found that upper division college students who received high marks in a course/gave significantly more positive ratings in evaluating that course. Further information, and a copy of the Teacher Rating Scale may be obtained from the author at the above address.

TEACHER REACTION TO HOMOGENENOUS GROUPING CHECKLIST

Measuring faculty reaction to homogeneous grouping. Journal of Educational Measurement, 1970, 7(2), 129-130.

Rosengarten, William, Roslyn Public Schools, Roslyn, NY 11576

The Teacher Reaction to Homogeneous Grouping Checklist is an instrument designed to measure teachers' subjective evaluations of selective academic placement or homogeneous grouping. The instrument consists of six items which are rated in terms of a 5-point scale. Scale values represent degrees of satisfaction from "lease favorable" to "most favorable." The value of three signifies indifference, balance, or equality. Sample items from the checklist are: "Check one of the following which best tells how much you favor homogeneous grouping"; "Check one of the following to show how much of the time you feel satisfied with homogeneous grouping"; "Check one of the following to show how you compare your experience in homogeneous grouping with your experience in heterogeneous grouping"; "Check one of the following to show how you compare the advantages and disadvantages of homogeneous grouping with the advantages and disadvantages of heterogeneous grouping." The instrument was developed from an adaptation of the satisfaction blank devised by Hoppock (Hoppock, R. Job Satisfaction. New York: Harper and Brothers, 1935). The instrument was administered to 47 high school teachers and readministered to the same sample after a one-month interval. Test-retest reliability was .94. The author also reports high degrees of content validity for the checklist. With slight changes in wording, the checklist format can be used to estimate teachers' opinions regarding any number of educational practices, plans, policies, etc. Further information may be obtained from the author. A copy of the instrument may be obtained by ordering NAPS Document 00705 from ASIS National Auxiliary Publications Service, in care of CCM Information Sciences, Inc., 22 West Thirty-fourth Street, New York, NY 10001. A remittance of $1.00 for microfiche, and $3.00 for photocopies is required.

TEACHERS AT WORK SCALE

Pseudoprogressivism and assessment of teacher behavior. Educational and Psychological Measurement, 1969, 29(2), 377-386.

Pedhazur, Elazar J., Department of Educational Psychology, New York University, 933 Commerce, NY 10003

The Teachers at Work Scale (TAW) is an instrument designed to assess teacher behavior in various hypothetical classroom situations. The instrument is designed for administration to both teachers and students. The TAW consists of hypothetical descriptions of teachers at work interacting with students and conducting various classroom activities. The episodes are preceded by a statement that they were taken from actual classroom observations. The respondent is asked to act as a classroom observer and rate the teacher involved in each episode on a 6-point scale from "very poor" to "excellent." One episode depicts a teacher who exhibits a complete lack of understanding and regard for the feelings of a boy who is rejected by his classmates. In an effort to help the boy, she aggravates the situation by encouraging all students to criticize him. The instrument is self-administering and requires the respondent to place a check mark on each of the six rating scales. Normative data are reported in the source document. The reliability of TAW (coefficient of stability with a two-week interval) was .82 for teachers (N = 72) and .80 for students (N = 97). Scores on the TAW have been related to measures of progressivism such as Kerlinger's Education Scale VII and to Rokeach's Dogmatism Scale. The instrument has been used primarily to distinguish between pseudoprogressivism and genuine progressivism and to study the relations between these attitudes and teachers' evaluations of hypothetical classroom behavior. A copy of the instrument is available from the author. See also: **Pedhazur, E. J.** The effect of progressivism and teaching experience on assessment of teacher behavior, impressions of teacher personality and susceptibility to an authoritative source. Unpublished doctoral dissertation, New York University, 1967.

THE TEACHERS' EVALUATION INSTRUMENT

Teachers' perception of a school mental health project. Journal of School Psychology, 1972, in press.

Dorr, Darwin, & Cowen, Emory L., Department of Psychology, Washington University, St. Louis, MO 63130

The Teachers' Evaluation Instrument (TE) is an instrument designed to measure the attitudes of teachers towards a particular school mental health program entitled the Primary Mental Health Project (PMHP). The TE consists of nine, 7-point rating scales. A rating of "7" indicates a favorable attitude, a "4" indicates neutrality, and a "1" indicates an unfavorable attitude. The first four items of this instrument measure the communication dimension, e.g., accessibility of professionals, openness of project personnel to suggestion. Items four and five measure the teacher's opinion about the program's service to the teacher, e.g., helping teachers to understand children and giving direct service to the children. The last four items ask the teacher to compare the PMHP to other programs with which he or she has familiarity. The teacher's comparisons between programs are made with respect to the number of children reached, effectiveness of service to children, help given to teachers in understanding mental health problems, and help given to teachers in becoming effective classroom managers. The TE is self-admimistered. It was designed originally for the Primary Mental Health Project but can be adapted for other research purposes. Additional information, extensive statistical analysis, and a copy of the instrument are available from the first author.

THE TEACHERS' QUESTIONNAIRE

Ann Arbor, University of Michigan, 1972.

Educational Change Team, 512 School of Education, University of Michigan, Ann Arbor, MI 48104

The Teachers Questionnaire is an instrument designed to measure a number of variables related to organizational conflict within the high school setting. The questionnaire taps such organizational variables as teacher's perceptions of students and student performance, teachers' trust of students, sources of conflict (e.g., teacher-pupil, pupil-pupil, teacher-administration, etc.) and sources of influence in matters of policy-making (e.g., students and staff, teachers, administrations, parents, etc.). The instrument also collects the biographic characteristics of respondents. The questionnaire consists of 124 items in survey format. All but a few questionnaire items require the subject to select an answer from alternative responses provided. Sample items from the questionnaire are: "How many students here seem excited about their work and really seem to enjoy learning?" (none of them to almost all of them); "How many teachers really understand the problems students have in school?" (none of the teachers to almost all); "It's better to appreciate society's good things than to attack its weak points"; "A person should protect the traditions of his country" (not at all to very much). The Teachers' Questionnaire requires 30 to 45 minutes for completion, and scoring is done by means of a specially designed coding procedure. The present form of the Questionnaire is accompanied by the Students' Questionnaire, an instrument of parallel item content but with questions directed to students rather than teachers. Comparisons of teachers' and students' responses provide information regarding the degree to which dimensions of organizational conflict are present, as well as the areas in which such conflict exists. Further information and a copy of the scale may be obtained from James E. Crowfoot, Educational Change Team, 512 School of Education, University of Michigan, Ann Arbor, MI 48104.

TEACHER'S RATING SCALE OF MENTAL HEALTH
Austin, University of Texas, 1961.

Veldman, Donald J., Education Annex 2.214, University of Texas, Austin, TX 78712

The Teacher's Rating Scale of Mental Health (a title supplied by the abstractor) is used by educators to rate teachers on 69 variables. These ratings have been analyzed to determine the individual construct systems that the raters use in judging human behavior. The rater rates each person on several variables in the areas of intellect, emotion, interpersonality, self-realization, ethical character, performance predictions, and overall mental health. Some sample items are: "Rich, complex fantasy life versus dull, unimaginative"; "Acceptance of full range of reactivity versus constricted range, denial"; "Dominant, ascendant, competitive versus submissive, following, yielding"; "Clear, well-defined goals versus drifting or goal conflicted." The scale was first used in a study in which four educational psychologists rated 53 students on the basis of their scores on a battery of tests consisting of a biographical form, the Peck Sentence Completion (2-D), group TAT, Brown School Situation Analyzer, and an Educational Issues Questionnaire. Each judge's ratings were factor analyzed to locate clusters of variables for which he tended to give similar ratings. These clusters, or factors, were correlated between judges to assess the similarities and differences in the way judges define "human nature," and the way in which they believe certain aspects of human behavior are related to one another. A more detailed description of this study may be found in Veldman, D. J., Peck, R. F., & McGuire, C. Measuring the value systems of education professors. *Journal of Educational Psychology*, 1961, 52, 330-334. More information and a copy of the scale are available from the author.

THE WALKER BEHAVIOR RATING SCALE: FOURTH TO SIXTH GRADES
Empirical assessment of deviant behavior in children. *Psychology in the Schools*, 1969, 6, 93-97.

Walker, H. M., no address

The Walker Behavior Rating Scale: Fourth to Sixth Grades (BRS) is an instrument designed to provide a screening device by which teachers of fourth to sixth grade students may rate deviant classroom behaviors. The BRS also provides for the assessment of teachers' behavioral and attitudinal responses to these behaviors. The instrument consists of 124 items describing observable behaviors which were judged by a school psychologist, a remedial teacher, a social worker, and a psychiatrist to represent behaviors which would facilitate treatment decisions and referrals. The rating task requires that the teacher rate the frequency of occurrence of the behaviors along a 6-point scale. For each item, the teacher also selects one out of five actions that the teacher might take in response to the behavior described in the item (e.g., ignores the behavior, gives a warning glance, etc.) Finally the BRS taps teacher ratings along a 6-point scale of the degree to which each behavior disrupts the class or disturbs the teacher. The author has proposed that the 5-point teacher response scale is an index of the degree to which the teacher reinforces the particular behavior and that the degree to which the teacher reports behaviors as disruptive will be predictive of the likelihood of psychological referral. One month test-retest coefficients for the BRS range from .41 to .88. Further information and a copy of the scale may be obtained from George Spivack, 314 North Broad Street, Philadelphia, PA 19102.

WHO KNOWS YOU IN RELATION TO YOUR WORK SCALE
Elementary school guidance: Demonstration and evaluation. St. Paul, Pupil Personnel Services Section, Minnesota Department of Education, 1972.

Miller, G. Dean, Pupil Personnel Services, Department of Education, Capitol Square, 550 Cedar Street, St. Paul, MN 55101

The Who Knows You in Relation to Your Work Scale (WKRWS), adopted from the Jourard-Lasakow Self-Disclosure Scale (1958), is an instrument designed to measure communicative openness on school related issues. The instrument is intended for use with teachers and counselors for the purpose of determining the degree of self-disclosure present among school staff members, and the possible relation to openness this may have on staff functions. The WKRWS is comprised of 24 items concerning work issues and general personal views. Each item is to be answered on a 5-point rating scale, concerning perceived understanding and confidence of friends, relatives, teachers or colleagues, counselors, and the principal. A sample item is: "What you regard as your chief handicap to doing a better job?" The respondent uses the 5-point scale to rate the degree he would feel free in discussing a particular issue. The instrument was developed through research in guidance programs. The WKRWS is self-administering and requires approximately 20 minutes for completion. Reliability data are available in the source document. See also: Jourard, S. M. & Lasakow, P. Some factors in self-disclosure. *Journal of Abnormal and Social Psychology*, 1958, 54, 91-98.

EVALUATION OF THERAPEUTIC OUTCOMES

THE ACTIVITIES RATING SCALE

A factor analytically derived scale for rating activities of psychiatric patients. Journal of Clinical Psychology, 1959, 15(1), 32-36.

Guertin, Wilson H., & Krugman, Arnold D., University of Florida, Room 111, Building K, Gainesville, FL 32601

The Activity Rating Scale (ARS) is an instrument designed to constitute a behavior rating of hospital adjustment. The instrument is designed specifically for the purpose of evaluating the effectiveness of treatment programs in psychiatric hospitals as reflected in evaluations of patients' level of adjustment. The instrument consists of 76 items describing behaviors observed in patients in the hospital setting. To develop scale items, the authors independently made observations of and recorded more than 1,000 actions of male psychiatric patients in all types of activity situations. On the basis of the results of several pretest administrations of the scale, the number of items was successively reduced. The remaining items were factor analyzed. The following six behavior clusters emerged. 1) Deteriorated behavior; 2) Interpersonal tensions; 3) Emotional controls; 4) Resistive isolation; 5) Regressive agitation; 6) Reality concern. The final scale ite[illegible] were derived on the basis of those with highest loadings in each of the factors. Sample items from each of the six scale factors are: "How often does he repeat meaningless words or phrases?"; "How often does he [illegible] conversation with personnel?"; "How often does he strike out at patients?"; "How much resentment does [illegible] when asked questions?"; "How often does he walk away when approached by personnel?"; "How much expression of animation is usually noted in his facial features?" Scale items are rated either in terms of how much a certain behavior is present (along a 5-point scale ranging from "minimum" to "maximum"), or in terms of how often behaviors occur (along a 5-point scale ranging from "never" to "always"). A short form of the ARS consisting of 36 items was also developed. Ratings are made by hospital personnel who have had considerable contact with the patient. The present form of the scale was developed from observations of only male patients so that item content refers specifically to behaviors displayed by male patients and use of the scale should be limited to male subjects. The scale requires about 10 to 20 minutes for completion and is hand scored. Further information regarding reliability and validity data, and a copy of the scale may be obtained from the author.

ADOLESCENT RESEARCH PROJECT: FORM 2

Haverford, Haverford State Hospital, 1964.

Smith, Aaron, Haverford State Hospital, 3500 Darby Road, Haverford, PA 19041

The Adolescent Research Project: Form 2 (ARP2) is an instrument designed to measure a patient's condition at his admission and at his discharge from a psychiatric hospital. This instrument also quantifies the data obtained from drug treatments given to the patient. The patient is rated for his psychiatric status, his level of social interaction, and his degree of antisocial behavior. The ARP2 records all of the psychiatric drugs given to the patient. The dosage is recorded by the actual amount given to the patient on a daily basis, light moderate, heavy. The instrument lists 93 different drugs ranging from tranquilizers to sedatives. The ARP2 is completed by the nursing personnel. The information gathered from this instrument is comparable to that obtained from the Adolescent Research Project: Form 1 (ARP1) developed by the same author. The ARP1 is filled out by other hospital personnel. Additional information, validity, and reliability data, and a copy of both instruments are available from the author.

BACKGROUND OF PATIENT QUESTIONNAIRE

Journal of Abnormal Psychology, 1969, 74, 490-497.

Aronson, Harriet J., & Weintraub, Walter, Department of Psychology, Center for Psychological Services, North Texas University, Box 13587, N. T. Station, Denton, TX 76203

The Background of Patient Questionnaire is an instrument used in determining predictors of change with psychoanalysis. Questionnaire items are thus related to such things as rate of successful treatment and rate of patient dropout from treatment. The Background of Patient Questionnaire provides a systematic method for the recording of patients' biographic characteristics, family background, treatment history, history of symptomology and changes thereof, history of personal adjustment, and present degree of adjustment. The questionnaire consists of 51 items and is divided into five sections, background data, previous treatment; status at initiation of present treatment; present treatment; results to date. Sample items from each of these respective areas are: "Education of patient?"; "Number of previous therapists?"; "Symptoms and complaints of major clinical significance?"; "Did patient require psychiatric hospitalization during past year?"; "Present capacity of patient to experience pleasure?" Patient assessments are made from psychiatric records and informant reports. Further information regarding the use of the questionnaire and a copy of the instrument may be obtained from the author.

THE BROCKTON SOCIAL ADJUSTMENT SCALE

The Brockton Social Adjustment Scale: An index of patient outcome in hospital psychiatry. *Diseases of the Nervous System*, 1972, 33, 542-545.

Walker, Robert, Veterans Administration Hospital, Brockton, MA 02401

The Brockton Social Adjustment Scale (BSA) is an instrument designed to evaluate the outcome of psychiatric hospitalization on the basis of patients' level of functioning within the community. Two indices of community functioning were incorporated into the scale: living status and employment. Living status is scored from "0" to "5" depending on the degree to which the living circumstances of the person being rated are supervised by mental health workers. The following 6-point scale was used to give the patient a living status (L) rating: a) Living independently in the community; b) Sheltered (semi-supervised) living in the community; c) Hospitalized with absences authorized; d) Hospitalized with full ground privileges; e) Hospitalized with restricted ground privileges; f) Residence in a full care institutional setting (e.g., on a psychiatric ward) without ground privileges. Similarly, employment status yields employment (E) scores ranging from "0" to "5" depending upon the degree of socioeconomic productivity of the patient and the degree to which his employment is supervised by mental health workers. The following 6-point scale is used to make E ratings: a) Holding an unsupervised regular job; b) Sheltered offgrounds work with earnings of over $25.00 per week; c) Protected on grounds work with earnings over $25.00 per week; d) Limited on grounds work of $10.00 to $25.00 per week; e) Token earnings of under $10.00 per week; f) No earnings. The resulting L and E subscores are added together and multiplied by 10 to obtain the social adjustment (SA) score. The score can be considered an index of overall social adjustment, ranging from completely dependent (SA = 100) or essentially normal social adjustment. Over 30 combinations of living and employment status are possible ranging from SA 0 to SA 100 in increments of 10. The scale was used to evaluate 2,670 psychiatric patients. Alcoholics, neurotics, and schizophrenics were found to differ significantly in BSA scores. The BSA was developed from an earlier scale, the General Adjustment and Planning Scale (Walker, R., & Frost, E. S. Measurement of social restoration of the mentally handicapped by the general adjustment and planning scale (GAPS). *Health Services Research*, 1969, 4(2), 152-160. Further information and a copy of the BSA may be obtained from the author.

CHILD BEHAVIOR CHANGE SCALE

Nonprofessional mental health workers; judgments of change in children. *Journal of Clinical Psychology*, 1972, in press.

Dorr, Darwin, & Cowen, Emory L., Psychology Department, Washington University, St. Louis, MO 63130

The Child Behavior Change Scale (CBCS) is an instrument designed to measure the change in school adjustment problems of primary grade children. This instrument consists of two parts. Part I contains seven negative adjectives (e.g., "angry," "withdrawn") and seven positive adjectives (e.g., "cooperative," "trusting"). There are eight possible levels of change: 0) Never acts this way; 1) Very much less; 2) Considerably less; 3) Somewhat less; 4) Same; 5) Somewhat more; 6) Considerably more; and 7) Very much more. Part II of the CBCS consists of three global, 7-point rating scales: "Behavioral change"; "Educational change"; and "Overall change." A rating of seven on these scales indicates "very much improved." A rating of four indicates "no change" and a one indicates "very much worse." A space is provided for each scale to designate those changes that do not apply. The CBCS is completed by the observer of the child. This may be a clinical or school psychologist, a social worker, a teacher, or a nonprofessional mental health worker. All four of the scales are tailored so that high scores always indicate improvement or change in a positive direction. Change scores are used to assess the absolute magnitude and direction of judged change. Additional information and a copy of the instrument are available from the first author.

COMMUNITY ADJUSTMENT PROFILE SCALE

Standard system of psychiatry. Abbreviated edition, St. Louis, University of Missouri School of Medicine, 1972.

Sletten, Ivan W., Ulett, George A., & Hedlund, James C., 5400 Arsenal Street, St. Louis, MO 63139

The Community Adjustment Profile Scale (CAPS) is an instrument designed to measure a patient's social and living adjustment both prior and subsequent to psychiatric hospitalization and treatment. The scale is intended for use by the patient's relatives and/or other informants and is designed primarily as an outcome measure in treatment program evaluation studies. The CAPS contains 98 items, most of which consist of stem descriptions of a patient's behavior during the last three months followed by a 4-point rating scale. Sample items are: "During the past three months, has taken dangerous drugs not recommended by a doctor, hospital, or clinic"; "During the past three months, has acted as if he didn't know where he was." The instrument was developed through a factor analytic procedure using 220 questions asked of relatives at the St. Louis State Hospital both at the time of admission and at one year followup. A set of 10 symptom clusters including depression, social withdrawal, confusion, etc., has been factored from the items. The scale is self-administered and answered on computer scored forms. The responses are then computer scored and transformed into a summary profile of 10 scales. To date the major application of the instrument has been in a computer data base within the Missouri Division of Mental Health. A copy of the instrument is available within the source document. Additional information and a description of the system for gathering psychiatric information from the relatives is available. A manual fully describing the system is obtainable from the Department of Psychiatry at Missouri Institute of Psychiatry, University of Missouri School of Medicine, St. Louis, MO 63121.

DISCHARGE READINESS INVENTORY
Discharge readiness inventory. *Archives of General Psychiatry*, 1972, 26, 419-426.

Hogarty, Gerard E., Friends Medical Science Research Center, Inc., Collaborative Study Group, 102 Bloomsbury Avenue, Baltimore, MD 21228

The Discharge Readiness Inventory (DRI) is an instrument designed to measure outcome of patient treatment in terms of scale capability of leaving the hospital. It has been developed on samples of acute and chronic schizophrenics. The Inventory provides quantitative descriptions of patient behavior in four areas: "Psychosocial adequacy"; "Belligerence"; "Community adjustment potential"; and "Manifest psychopathology." To date, the major applications of the inventory have been in research. Norms, validity data, and a manual are available. Relevant references include: Hogarty, G. E., & Ulrich, R. F. The discharge readiness inventory. *Archives of General Psychiatry*, 1972, 26, 419-426; Prien, R. F., & Cole, J. O. High dose chlorpromazine therapy in chronic schizophrenia. *Archives of General Psychiatry*, 1968, 18, 482-495; Prien, R. F., Cole, J. O., & Levine, J. High dose trifluoperazine therapy in chronic schizophrenia. *American Journal of Psychiatry*, 1969, 126, 305-313; Hogarty, G. E. Hospital differences in the release of discharge ready chronic schizophrenics. *Archives of General Psychiatry*, 1968, 18, 367-372; and Hogarty, G. E. Discharge readiness: The components of a casework judgment. *Social Casework*, 1966, 47, 165-171. A copy of the instrument and manual can be obtained from National Educational Consultants, Inc., 711 Saint Paul Street, Baltimore, MD 21202.

THE EGO STRENGTH RATING SCALE
Boston, Boston University School of Medicine, 1967.

Jacobs, Martin A., Boston University School of Medicine, 80 East Concord Street, Boston, MA 02118

The Ego Strength Rating Scale (ESRS) is an instrument designed to measure personality change as a result of psychotherapy. The following 10 dimensions of the first section reflect ego weaknessess: "Obsessiveness"; "Impulsiveness"; "Social intrusiveness"; "Social isolation"; "Defiance"; "Helplessness"; "Guardedness"; "Vulnerability"; "Grandiosity"; and "Worthlessness." The physician in charge rates the patient on these dimensions using a 17-point scale (0 to 16). The more rigid, excessive, inappropriate, or nonadaptive the characteristic, the higher the score; the more flexible, appropriate or effective the characteristic, the lower the score. Five items constituting a health or ego strength inventory comprise the second section. These are rated on a 9-point scale from 0 (no evidence of this characteristic in the patient's behavior) to eight (the item accurately and precisely describes the patient's functioning in this area). A sample item from this section is: "Able and willing to form and sustain close friendships." There are four different time periods in which these ratings are made: "Admission to hospital"; "Two weeks after admission"; "Discharge from hospital"; and "Follow-up after discharge." Information necessary for making these ratings can be supplied by the referring physician, the patient, his family, other staff members, or from the physician's own observations. A copy of the instrument and more information about it can be obtained from the author.

THE EGO STRENGTH SCALE
Boston, Boston University School of Medicine, 1967.

Jacobs, Martin A., Boston University School of Medicine, 80 East Concord Street, Boston, MA 02118

The Ego Strength Scale (ESS) is designed to measure personality change as a result of psychotherapy. The 50 items were selected by consensual validation. A set of 210 sample items was distributed to a group of psychiatrists and psychologists who had instructions to identify the ego strength categories that the items represented. Those items that were correctly identified by seven of the eight judges were then selected for the scale on the basis of judgments of clinical appropriateness, nonoffensiveness, and whether patients could be expected to acknowledge such attributes in themselves without undue defensiveness. Ten of the items are stated in a positive way, reflecting ego strength, and 40 are stated in a negative way, reflecting ego weakness. Sample items of the latter type, selected for each of 10 constructs are: 1) (Obsessiveness) "Confusing thoughts run through my mind when I sit down to work or study so that I can't concentrate"; 2) (Impulsiveness) "I often do things which seem exciting even though I realize that I will get into trouble later, but I can't seem to stop myself"; 3) (Intrusiveness) "I have to be in the center of things with people all around me"; 4) (Isolation) "It's very hard for me to go into new groups of people"; 5) (Defiance) "I am not content in a situation unless I can get others to do what I want them to do"; 6) (Submissiveness) "I am most comfortable in situations where I am told exactly what to do and what not to do"; 7) (Guardedness) "I try to live by the code that you should never let others see your true feelings"; 8) (Vulnerability) "I seem to get overwhelmed easily by relatively minor setbacks"; 9) (Grandiosity) "I can do most things right and like others to know about it"; 10) (Worthlessness) "I am easily discouraged and have to seek out praise in order to feel I've done a job right." The items are self-rated on a 5-point scale ranging from "most of the time" to "never". Each of the 10 positively worded items is also scored, with a potential range from 0 to 40. A sample item from this set is: "I have my faults, but there are also some areas in which I excel." A copy of the instrument and more information about it can be obtained from the author.

THE EXPERIENCING SCALE
Madison, University of Wisconsin, 1970.

Klein, Marjorie H., Mathieu, P. L., Gendlin, E. T., & Kiesler, D. J., Wisconsin Psychiatric Institute, 1300 University Avenue, Madison, WI 53706

The Experiencing Scale is a 7-stage scale which can be used by professional or other research personnel under professional supervision to evaluate the quality of a patient's self-involvement in psychotherapy. The rating procedure can be taught in eight sessions or 24 hours total time. The Experiencing Scale can be used to analyze patients' verbal productions in therapy interviews, diagnostic interviews and written materials. Stage I ratings are assigned when the content is intrinsically impersonal, highly general, extremely superficial, or simply a narrative of events with no personal referent established. At Stage VII the patient communicates full awareness of his inner feelings and internal processes. A peak rating is the rating given to the highest Experiencing Scale level that is reached in the segment to be evaluated. A modal rating is the rating that characterizes the overall average scale level of the segment. Intraclass reliabilities (averaged 11 studies) are .84 for modal and .86 for peak ratings. In research applications of this instrument it has been found that the experiencing level and change are correlated with other measures of therapeutic success, although more complex findings suggest that different trends and patterns of experiencing may occur in different diagnostic groups. The Experiencing Scale may also be used to differentiate neurotics, normals, and schizophrenics (Gendlin, E. T., Beebe, J., Cassens, J., Klein, M., & Oberlander, M. Focusing ability in psychotherapy, personality, and creativity. In J. M. Schlien (Ed.), Research in psychotherapy, Vol. III. Washington: American Psychological Association, 1968, 217-238.) The Experiencing Scale was developed in the context of research on psychotherapy with neurotics and schizophrenics. A copy of the scale and training manual and materials are available to qualified clinicians and researchers from the Bureau of Audio-Visual Institution, University Extension, University of Wisconsin, P. O. Box 2093, Madison, WI 53701

FOLLOW-UP ADJUSTMENT SCHEDULE.
Philadelphia, Philadelphia State Hospital.

Weinman, Bernard, Behavioral Science Clinical Research Center, Philadelphia State Hospital, 14000 Roosevelt Boulevard, Philadelphia, PA 19114

The Follow-up Adjustment Schedule is designed to assess the previously hospitalized mental patient's adjustment and instrumental performance progress is the community. The areas in which information is elicited include job attainment, ability to handle personal finances, degree of involvement in social life, and care of own needs. The schedule consists of 28 questions. Some sample questions are: "How many different positions have you had since discharge from the hospital?"; "Visit the neighbors 1) alone, 2) only with a friend or companion, 3) not at all -- Why?"; "Do you find yourself running short of money before you next check comes in ?"; "Do you eat three meals a day?"; "Are you currently taking drugs?" The schedule is not conerned with whether the examinee should return to the hospital or not. It is administered in an interview and takes about 15 minutes to complete. It was developed for use in a rehabilitative and research program with chronic schizophrenic patients. More information and a copy of the instrument are available from the author.

FOLLOW-UP INTERVIEW
Cleveland, Cleveland Psychiatric Institute, 1966.

Friedman, Ira, & Paolino, Albert F., 1708 Aiken Avenue, Cleveland, OH 44109

The Follow-Up Interview is an instrument designed to assess adjustment in the community after discharge from psychiatric hospitalization. The interview has two forms, administered respectively by two case-worker aides to the patient and to his informant-relative. Patients are given the follow-up interview if they have previously been administered the research history and evaluation at the time of admission. The follow-up is performed approximately 18 months after discharge. The variables assessed in the interview are history of rehospitalization and/or treatment interventions during period following discharge, changes in marital history since discharge, changes in living arrangements, and economic factors useful for reassessing socioeconomic status. The last part of both interview forms focuses on assessment in narrative form of patients' instrumental role functioning as a wage-earner, housewife, student, etc. A sample question is: "Describe the wage earner role from discharge to present"; "Include details as to extent to which he is employed, nature of employment, on-the-job performance, job satisfaction, description of job seeking activity if applicable." To date, the major application of the instrument has been in a large scale study of some 700 patients interviewed and followed up after discharge from the Cleveland Psychiatric Institute. A copy of the instrument in both forms is available from the second author at the Laboratory of Psychosocial Research, Cleveland Psychiatric Institute, 1708 Aiken Avenue, Cleveland, OH 44109.

THE FOLLOW-UP PSYCHIATRIC HISTORY
Geneva, World Health Organization, 1969.

International Pilot Study of Schizophrenia, no address

The Follow-Up Psychiatric History Schedule is an instrument designed in conjunction with the Psychiatric History Schedule. The purpose of the Follow-up Psychiatric History Schedule is to assess changes which have occurred in the symptomology and course of the patient's psychiatric illness since the administration of the initial examination Psychiatric History Schedule. Both instruments were developed for use in the International Pilot Study of Schizophrenia, a World Health Organization project aimed at establishing whether comparable cases of schizophrenia and other functional psychoses can be reliably identified and assessed in different cultures of the world. Rating as to changes in the patient's psychiatric history are made by a psychiatrist, psychologist, or a social worker, and are based upon information provided by the patient and his family, informant reports, and case reports. The instrument requires about 60 minutes for completion. The Follow-up Psychiatric History investigates changes in the following areas: Symptomology of illness; Contacts with psychiatrists and/or psychiatric services since previous administration of Psychiatric History; Contacts with other persons or organizations whom the patient has consulted regarding psychiatric problems; Contacts with the law since previous Psychiatric History Schedule; What was the longest symptom-free period since the previous examination?; Has there been a death or permanent departure of one of patient's close friends?; Has patient undergone major surgery or become invalid? Has patient been involved in litigation?; Did patient have any neurological or psychological disturbances which were side effects of drugs prescribed for treatment? A detailed description of the project and the application of both instruments is contained in The International Pilot Study of Schizophrenia, World Health Organization, 1973. A copy is available from Dr. N. Sartorius, Senior Medical Officer, Office of Mental Health, World Health Organization, 1211 Geneva 27, Switzerland.

THE FOLLOW-UP SOCIAL DESCRIPTION SCHEDULE
Geneva, World Health Organization, 1969.

International Pilot Study of Schizophrenia, no address

The Follow-up Social Description Schedule is an instrument designed in conjunction with the other instruments used in the International Pilot Study of Schizophrenia, a World Health Organization crosscultural project aimed at establishing whether comparable cases of schizophrenia and other psychoses can be identified and assessed reliably in different cultures of the world. Ratings as to changes are made by a social worker, based on information provided by the patient, informants, and professional sources. The instrument requires 30 to 45 minutes for completion. The Follow-up Social Description Schedule investigates changes in five areas of the patient's environment: Residence household, occupation, education, social activities. Sample items from these respective areas are: 1) In what kind of accommodation is the patient now living? 2) Was there any change in the composition of the patient's household since the previous PSE? 3) How many months did the patient spend under formal education since previous PSE? 4) Has there been any change in the type of persons with whom the patient associates? A detailed description of the project and the application of both the PSE and the Follow-up Social Description is contained in the report of the International Pilot Study of Schizophrenia, World Health Organization, 1973, Vol 1. Further information about the project and a copy of the instruments may be obtained from Dr. N. Sartorius, Senior Medical Officer, Office of Mental Health, World Health Organization, 1211 Geneva 27, Switzerland.

HARTLAGE-HALE SELF-DESCRIPTION SCALE
Self-concept decline from psychiatric hospitalization. Journal of Individual Psychology, 1968, 24, 174-176.

Hartlage, Lawrence C., & Hale, Phyllis, Indiana University of School of Medicine, 1100 West Michigan Street, Indianapolis, IA 46202

The Hartlage-Hale Self-Concept Scale is a semantic differential type scale consisting of 20 pairs of self-evaluation items, each on a 7-point continuum. Item pairs are essentially opposites and include such items as "foolish-wise," "thoughtful-inconsiderate," and "dependable-independable." The subject is instructed to mark an X along the scale to indicate what he thinks of himself. The scale was orginally designed to measure self-concept change following psychiatric hospitalization and has subsequently been used to study changes in self-concept resulting from other types of psychotherapeutic and psychonoxious events. The scale requires about two to three minutes to complete, is self-administering, and can be understood by individuals with approximately a sixth grade level of reading skills, without appreciably affecting its reliability. The reliability of the items by the test-retest method one month apart was found to range from .83 to .89. Research applications of this instruments disclosed that after one month 19 of 24 psychiatric inpatients showed a lowered self-concept, compared to only three of the 24 matched outpatients. A copy of the instrument is available from the first author.

HOME VISIT INVENTORY

Hospital and Community Psychiatry, 1968, 19, 282-287.

Caffey, Eugene M., Deputy Directory, Mental Health and Behavioral Sciences Service (112F3), VA Central Office,
Washington D C 20420

The Home Visit Inventory is an instrument designed to measure a patient's progress in treatment. The instrument is intended for use with patients and family informants and is designed primarily for social workers making home visits to record observations and judgments of the patient's home situation. The Home Visit Inventory contains two sections, "The Initial Family Contact Form," and "The Follow-up Contact Form." The initial contact family form has 15 items which the social worker answers concerning the family and neighborhood and 30 items which the social worker answers concerning the informant's and patient's behavior during the interview. A sample item of the initial contact form which is not repeated in the follow-up contact form is: "How well kept is this house in comparison to the rest of the neighborhood? a) better kept up than most dwellings in neighborhood, b) representative of most dwellings in neighborhood, c) below standard for neighborhood." A sample item of the 30 items contained in both the initial family contact form and the follow-up contact form is: "What was the degree of psychopathology?" The response alternatives are "not at all," "somewhat," "moderate," "marked." The Home Visit Inventory was adapted from Home Visit Inventory, prepared by Eva Deykin for NIMH Collaborative Study. A copy of the instrument is available in the source document.

ILLINOIS PERSONAL RATING FORM

Changes during counseling appropriate to the client's initial problem. Journal of Counseling Psychology, 1964, 11(2), 146-151.

Ewing, Thomas R., Psychological and Counseling Center, 215 Student Services Building, University of Illinois,
610 East John, Champaign, IL 61820

The Illinois Personal Rating Form is an instrument designed to assess an individual's attitudes toward or perceptions of himself and his "ideal self." The test also provides a method for the assessment of an individual's perceptions of, or attitudes toward, significant others such as parental or therapist figures. The instrument was specifically designed for use before and after counseling or therapy as a measure of changes in patients' self-conceptions, parental conceptions, and peer conceptions as the result of treatment. The Rating Form consists of 144 character descriptions or personality traits. Each trait is rated on a 5-point scale depending upon how descriptive the particular trait is of the individual being rated. Ratings are made in terms of the following response alternatives; "Very typical or characteristic" ; "Rather typical or characteristic" ; "Average" (not especially typical or untypical); "Rather untypical or uncharacteristic" ; "Very untypical or uncharacteristic." Sample items from the rating form are: "Logical" ; "Competent" ; "Uninhibited" ; "Excitable" ; etc. Factor analysis of the items yielded seven factors or ways in which persons describe themselves: "Dissatisfied" : "Outgoing" ; "Contrary" ; "Hard worker" ; "Conventional" ; "Patient" ; "Creative." The self-rating form was administered to 90 students receiving psychological counseling and to a comparable sample of control students from psychology classes. The test was administered twice to both groups, before and after counseling for the patient group and at a 12-week interval for controls. Test-retest coefficients ranging from .61 to .84 were observed for controls. Post-counseling scores of patients demonstrated a significant relationship between factors labeled "dissatisfied," "patient," and "creative," and change with treatment in patients' scores towards mean scores obtained by controls. An experimental application of the Personal Rating Form may be found in Ewing, Thomas N. Changes in attitude during counseling. Journal of Counseling Psychology, 1, 232-239. Further information and a copy of the test may be obtained from the author.

IN-COMMUNITY EVALUATION INTERVIEW SCHEDULE

Washington, DC, Veterans Administration, 1965.

Lorei, Theodore W., 173C, Veterans Administration, Washington, DC 20420

The In-Community Evaluation Interview Schedule is an instrument designed to collect information on an individual's job seeking progress and societal adjustment. The instrument is intended for use with Veterans Administration schizophrenic patients and is designed primarily to assess the adjustment of patients three months after their release from the hospital. The interview schedule consists of three parts, general information about the household in which the patient lives, a self-report of the patient's job seeking activities, and a report from a significant other on the patient's adjustment. Sample items are: "What are the sources of the veteran's total monthly income from all sources?"; "Who in household, other than veteran, contributes money to support of the household?"; "Is the veteran currently having regular contact with an agent or agency whose primary function is related to employment?"; "To what extent does the significant other report the patient's life space within the immediate future as having to be restricted?"; "What are the significant other's stated feelings about the patient being out of the hospital?" The instrument was developed in conjunction with the Psychiatric Evaluation Project which is attempting to evaluate mental hospital effectiveness. The instrument is administered through an interview situation. A copy of the instrument is available from the author.

INTERVIEW WITH VOLUNTEER

Salt Lake City, University of Utah, 1971.

Beier, Ernst G., Department of Psychology, University of Utah, Salt Lake City, UT 84112

The Interview with Volunteer is an instrument designed to collect information from a paraprofessional volunteer taking part in the Community Volunteer Misdemeanant Services Project. The instrument is intended for use with paraprofessional volunteers who handled probationers and is designed primarily to evaluate the effect of the project. The instrument consists of 11 items. Sample items are: "Is the probationer you are working with presently employed?"; "Do you think he has become more responsible since the time you first met him?"; "Has he made new friends?"; "Would you like to volunteer again?"; "What would you change to make the project more successful?" The instrument is administered through an interview situation. A copy of the instrument is available from the author.

KATZ ADJUSTMENT SCALES

Methods for measuring adjustment and social behavior in the community. *Psychological Reports*, 1963, 13, 503-535.

Katz, Martin M., & Lyerly, Samuel B., National Institute of Mental Health, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20852

The Katz Adjustment Scales (KAS) are designed to assess symptomatology and social behavior in a broad range of mental disorders. The instrument was initially developed for application to the problems of describing and classifying neurotic and psychotic patients on the basis of their behavior prior to hospitalization and during community followup evaluation. It was also intended to serve as a means of evaluating various psychiatric treatments. The instrument consists of five sets of questionnaires to be completed independently by an informant (usually a close relative) and by the patient. Though the test is basically self-administered, an examiner, preferably one with experience in interviewing the relatives of mental patients, should be present to explain the directions and to act as a monitor. Instructions for administering the KAS appear in the source document and supplemental instructions can be obtained from the author. A manual is in preparation. The informant completes a 127-item inventory of social behavior and psychiatric symptoms which have been translated into "lay" language, rating each item according to frequency of exhibition on a 4-point scale ranging from "almost never" to "almost always." A sample item is: "Acts as if he sees people or things that aren't there." Individual items from this section have been organized by means of cluster analysis into 13 measures of facets of disturbed social behavior. Scores can be derived for each of these measures by summing the ratings of selected items. The first patient questionnaire concerns symptom discomfort. The patient is asked to rate 59 items derived from the Johns Hopkins Symptom Distress Checklist on a 4-point frequency scale ranging from "not at all" to "always." A sample item (paraphrased) is: "Today or during the past few weeks have you been blaming yourself for things you did or failed to do?" This section is scored by summing the ratings. The other patient-informant questionnaires deal with level of performance of socially expected activities, level of expectation, level of performance of free time activities, and level of dissatisfaction with free time activities. Each scale is scored by summing the item ratings. A discrepancy measure, level of dissatisfaction with performance of socially expected activities, can be computed through a comparison of responses from level of performance of socially expected activities with responses from level of expectation. Results of preliminary validation studies are reported in the source document. Reference is made to the KAS in: Katz, M. M., Lowery, H. A., & Cole, J. O. Behavior patterns of schizophrenics in the community. In Maurice Lorr (Ed.), *Explorations in typing psychotics*. Oxford: Pergamon Press, 1966. Fuller documentation on the scales is presented in: Michaux, W. W., Katz, M. M., Kurland, A. A., & Gansereit, K. H. *The first year out*: Mental patients after hospitalization. Baltimore: The Johns Hopkins Press, 1969. Norms based on an extensive community study are in Hogarty, G. E., & Katz, M. M. Norms of adjustment and social behavior. *Archives of General Psychiatry*, 1971, 25. Applications to depression and to cross ethnic studies can be found in: Katz, M. M. The classification of depression: Normal, clinical and ethnocultural variations. In R. R. Fieve (Ed.), Depression in the 1970's. Reprinted from Excerpta Medica International Congress Series No. 239, New York, October 1970. A copy may be obtained from the author.

MENTAL HEALTH RATING SCALE

Measurement of what the patient learns from psychotherapy. *Journal of Nervous and Mental Disease*, 1969, 149(3), 281-293.

White, Alice M., Fichtenbaum, L., & Dollard, J., University Towers, 17E, 100 York Street, New Haven, CT 06511

The Mental Health Rating Scale was designed to measure mental health in the areas of: a) Symptoms and complaints, b) Attitude toward self, c) Sexual adjustment, and d) Social functioning. Each area was rated on a 5-point scale for mental health with a range of -25 to +25. The ratings were made by two therapists (neither of whom had treated the 10 patients being rated) on the basis of transcripts of two therapy sessions and a followup interview. One rating was given for the first two sessions and one for the followup interview. Figures representing change in mental health for each rating scale area were obtained by subtracting the ratings for the initial sessions from those for the followup. An overall figure representing change in overall mental health was obtained by adding the four figures for area changes. The Pearson product-moment correlation of the ratings of the two judges for eight items (i.e., the four ratings for items in the initial sessions plus the four ratings for items in the followup) for the 10 cases ranged from .42 (not significant) to .98 (p = .001) with an average correlation of .85. The correlation of the ratings of the two judges for all 80 items was r = .99. The mental health ratings were found to be correlated with other measures such as the Interactive Behavior Index and with ratings for verbal and behavioral learning of therapists' "messages." A copy of the instrument may be obtained from the author

MISSOURI INPATIENT BEHAVIOR SCALE

Standard system of psychiatry. Abbreviated edition, St. Louis, University of Missouri School of Medicine, 1972.

Sletten, Ivan W., Vlett, George A., & Hedlund, James C., 5400 Arsenal Street, St. Louis, MO 63139

The Missouri Inpatient Behavior Scale (MIBS) is an instrument designed for systematic observation and recording of patient behavior in the adult general psychiatric category. It is intended for repeated use during a current admission in order to measure changes in symptoms and in daily living. The ratings of patient behavior are made by the hospital staff member who has the greatest opportunity to observe a wide range of the patient's behavior on the ward or program area. The list is intended to reflect the patient's behavior during the last 48 to 72 hours. The rating form consists of a single page printed on both sides and contains 92 checklist items. Items are rated in terms of frequency of observation. Each item represents an objective or observable kind of behavior. The rater scores a "0" if the behavior was not observed during the last 48 to 72 hours, "1" if the behavior was occasionally observed, "2" if often observed, and "3" if almost always observed. Items 1 to 48 represent symptoms or undesirable behavior; a high number indicates poor adjustment. Sample items are: "Cries, hits, or attacks others"; "Says he hears voices." Items 49 to 74 represent competence in daily living skills; a high score reflects better adjustment. Sample items are: "Jokes with others"; "Joins in social activities"; "Handles own money." Items 79 to 89 are medication effects and items 90 to 98 are summary global impressions of the rater. The instrument is computer scored and summary scores are converted to a 10-point profile. To date, the major application of the scale has been in the computer data base within the Missouri Division of Mental Health. A manual is available from the Department of Psychiatry at Missouri Institute of Psychiatry, University of Missouri School of Medicine, St. Louis, MO 63121.

MOVEMENT SCALE

Measuring results in social casework: A manual on judging movement. New York: Family Service Association of America, 1950.

Hunt, J. McV., & Kogan, L. S., Department of Psychology, University of Illinois, Urbana, IL 60820

The Movement Scale is an instrument deisgned to measure the movement or change in clients of social casework. The scale is a 7-step rating continuum yielding standardized judgments ranging from "-2," representing marked deterioration, to "+4," indicating marked improvement. Anchoring illustrations are affixed to alternate steps of the scale in an attempt to eliminate differences in the frames of references of judges trained to apply the scale. The movement scale was constructed on the model of psychophysical scales and is based on the criteria of improvement and information is continued in the following references: Hunt, J. McV., Blenker, M., & Kogan, L. S. Testing results in social casework: A filed test of the movement scale. New York: Family Service Association of America; Kogan, N., Kogan, L. S., & Hunt, J. McV. Expansion and extension of use of the movement scale. *Social Casework*, 1952, 33, 10-12.

THE NORRISTOWN BEHAVIOR CHECKLIST

A behavior checklist for use in treatment, training and program evaluation. *Pennsylvania Psychiatric Quarterly*, 1969, 9(3), 1-14.

Lawton, M. Powell, Lipton, M. B., & Kleban, M. H., Philadelphia Geriatric Center, 5301 Old York Road, Philadelphia, PA 19141

The Norristown Checklist (NBC) is an instrument designed to assess the behavior of patients in mental hospitals. The purpose of the NBC is to provide an objective, longitudinal estimate of patient's behavior and changes thereof over time. The instrument consists of 49 checklist descriptions for which respondents are asked to check "yes" or "no" responses. Sample items from the checklist are: "Alert"; "Tired"; "Shouts"; "Curses"; "Fears others are against him"; "Plays cards or games"; "Must be dressed." In addition to the 49 checklist items, a fill-in question is included which asks respondents to note any other observations which describe the patient's behavior. The NBC is intended for administration to all hospital personnel having contact with patients, e.g., psychiatrists, social workers, ward nurses, aides, etc. The instrument requires 20 to 40 minutes for completion and is machine-scored. The NBC was developed from a pool of 109 behavior items assembled from a variety of existing behavior and symptom rating scales, as well as from new items devised by the authors and hospital staff. Selection on the basis of item reliability resulted in the present 49-item scale which taps patient behavior in four areas or factors: "Tension"; "Hostility"; "Recreational participation"; and "Social skills." Fifty patients were re-rated four weeks after the initial data collection and item phi coefficients for the two rating occasions ranged from .31 to .89, with a median of .50. Additional items are presently being tested for inclusion in the NBC. Further information and a copy of the checklist may be obtained from the author.

PATIENT ACTIVITY CHECKLIST

The Patient Activity Checklist: An instrument and an approach for measuring. *Journal of Clinical Psychology*, 1969, 25(2), 134-137.

Aumack, Lewis, Veterans Administration Hospital, Danville, IL 61832.

The Patient Activity Checklist (PAC) is an instrument designed to measure the improvement of hospitalized psychiatric patients. The instrument is intended for use by professional staff, ward attendants, and others who can observe psychiatric patient behaviors on ward. The PAC consists of a continuum of 24 behavior categories, ranging from "inappropriate-disturbed-isolated behavior" at the lower end to "more appropriate-task-interactive behavior" at the upper end. The checklist is situation-specific in that the behavior categories represent behaviors likely to occur in a dayroom setting in a mental hospital. Indicative of the comprehensiveness of the categories is the fact that only two out of over 12,000 observations were found to be unclassifiable. A sample item is: "Attention to appearance, grooming." The instrument requires that the observer record the patient's behavior at 7 to 10 discrete times, usually during an observational period in which all patients on a ward are evaluated on the PAC. The brief observational periods make it possible to evaluate 80 to 90 patients in less than 20 minutes. Scoring weights for the various items were developed using professional judgments of "goodness" or "badness" for the item. Normative, reliability, and validity data are reported in the source document. The reliability of the PAC is reported to be very high, due to the low inferential nature of the behavior items; the PAC was found to correlate -.46 with gross ratings of pathology by nursing assistants. The PAC can be used by a variety of ward observers to provide objective improvement scores. A copy of the PAC is available from the author. See also: Higgs, W. J. The effects of an environmental change upon behavior of schizophrenics. Unpublished thesis, University of Illinois, 1964.

THE PERSONAL INVENTORY QUESTIONNAIRE

Portland, University of Oregon, 1970.

Irwin, Samuel, University of Oregon Medical School, 3181 S. W. Sam Jackson Park Road, Portland, OR 97201

The Personal Inventory Questionnaire is designed to provide long-term posttreatment information as to how the subject views himself, his life style, social adjustment, etc. The questionnaire is intended to tap long-term effects of treatment, for example drug treatment or psychotherapy, and is thus administered over long intervals of time (months or years). The questionnaire is intended to yield information on behavior found to be more slowly responsive to such drug and therapy treatments. The 64 items consist of opposing qualitative descriptions of various personal characteristics expressed in terms of a bipolar scale, for example: "Disciplined" versus "Impulsive"; "Efficient" versus "Inefficient"; "Independent" versus "Dependent"; "Self-accepting" versus "Self-rejecting." These items cover such topics as personal habits, work adjustment, social attitudes, health, social adjustment, industry, personality, and intellectual characteristics. Subjects are asked to place a mark anywhere between the two endpoints of the scale to indicate varying degrees of the bipolar characteristic. The subject's marks are transformed into a 0- to 8-point quantitative scale by measuring mark distances. The value of 1.0 rating units is given for every 1.5 centimeters in length. Each scale line is composed of 12 centimeters. The test is constructed as part of a battery of tests entitled the Comprehensive Human Assessment Procedure, which includes among other instruments a psychosocial and physiologic behavior rating scale, an adverse symptom questionnaire, and a subjective state questionnaire. The Personal Inventory Questionnaire and the human assessment procedure of which it is a part are still in the experimental stage. Further information and a copy of the questionnaire may be obtained from the author.

THE PERSONAL QUESTIONNAIRE

A method of measuring psychological changes specific to the individual patient. *British Journal of Medical Psychology*, 1961, 34, 151-155.

Shapiro, M. B., Institute of Psychiatry, DeCrespigny Park, Denmark Hill, London, England

The Personal Questionnaire (PQ) is an instrument designed to measure changes in the psychological symptoms reported by individual psychiatric patients. The PQ was devised for the purpose of providing a patient specific procedure by which each patient could report his particular symptoms and then rate them over time with regards to their progress, in terms of a graded scale ranging from very pleasant to very unpleasant. The PQ consists of three steps or parts: 1) Elicitation of symptoms; 2) Formulation of symptom items; 3) Scaling of formulated symptom items by patient. The PQ concerns itself with five problem areas each consisting of a number of specific symptoms: 1) Affect (miserableness, anxiety, irritability, and aggression, loss of affect); 2) Thinking (difficulties of directed thinking, concentration); 3) Thought content (self-degradation, concern with future, hypochondriacal delusions, paranoid delusions, obsessions and compulsions); 4) Perception (hallucinations, depersonalization, unreality); 5) Body sensations. The first part of the PQ procedure, elicitation, involves an extensive mental state interview during which the examining psychologist follows a structured procedure for eliciting the particular symptoms experienced by a particular patient. The questions which the examiner asks to elicit symptom responses are outlined by the PQ.

Sample questions are: "How are your spirits?"; "Does anything worry you?"; "Did (Do) you ever lose your temper?"; "How do you see yourself as a person?"; "Are all your bodily functions in proper working order?"; "Do you ever hear, see, or feel anything unusual?" The second part of the PQ involves the formulation of graded symptom statements from symptoms reported by patient. This is accomplished by having the psychologist form triads of statements for each symptom specified. The first statement is already formulated in that it is the statement elicited from the patient. The second statement is constructed so as to reflect distinct improvement of the symptom. The third statement is constructed so as to reflect an approach to a state of recovery. An example of a triad of symptom statements might be: "I have a miserable feeling in my eyes"; "I have a slightly miserable feeling in my eyes"; "On the whole, my eyes feel all right." The third step involves the patient's rating the degree of pleasantness or unpleasantness associated with each of the symptoms on 3" by 5" cards. On a second 3" by 5" card are printed the nine response options ranging from "very great pleasure" to "very great unpleasantness.". Patients are instructed to read the statement and imagine that someone else had made it. They are then to decide how unpleasant or pleasant that person's state of mind must have been to make such a statement. Patients are to select one of the response options from the larger card in order to respond. The final test material is in the form of pair comparisons, with three pairs of statements per symptom. Each pair is typed on a separate 3" by 5" card. The patient, when doing the test, has to decide which of the two statements is nearer to his present state. Further information on scoring, reliability and validity may be obtained in the source document.

THE PHYSICAL AND MENTAL STATUS NOTES

Mental health program evaluation, record automation, and self-regulatory feedback in a large mental health service agency. PA, Norristown State Hospital, 1970.

Lipton, Mortimer B., Lawton, M. P., Kleban, M. H., McGuire, M., de Rivas, C., & Cowell, L., 1600 Winding Road, South Hampton, PA 18966

The Physical and Mental Status Notes is a computerized checklist instrument by which a detailed longitudinal record of mental patients' progress may be compiled and retrieved for present or future reference. The purpose of the instrument was to collect information on the patient which would provide a progress report and assist in the diagnosis and treatment planning of mental patients. The instrument consists of two computerized answer sheets on which respondents mark the answer best describing the patient being rated. The first page is to be completed for patients currently being treated; the second page collects data on patients upon their release from the hospital. Part I consists of two parts. A checklist of psychiatric symptoms and problems for which respondents mark one of the following response options, "much," "some," "none," or "poor," "fair," "good." Sample items are: "Anxiety": "Incontinence"; "Motor overactivity"; "Delusions." Part II consists of a checklist of treatment procedures. For each treatment either "recommended" or "received while in hospital" is marked. Part II of the instrument is completed upon the patient's release from the hospital. Sample items are: "Medication(s) upon separation?"; "Source of income?"; "Will live with (specify relationship)?" Ratings are made by all hospital staff having contact with the patient, such as psychiatrists, social workers, ward nurses, aides, etc. The instrument requires 15 to 30 minutes for completion. Further information regarding the instruments' application and copies of the computer rating sheets may be obtained from the first author.

PLANNED SHORT-TERM STUDY PROJECT INSTRUMENT, SCHEDULE I

Los Angeles, University of Southern California, 1965.

Parad, Howard J., School of Social Work, University of Southern California, University Park, Los Angeles, CA 90007

The Planned Short-Term Study Project Instrument, Schedule I (abstractor's title) is an interview schedule designed to elicit information about a patient from a mental health worker's description before the start of treatment. The instrument contains six sections: a) Identifying data, name of clinic, initials of assigned therapist, dates of initial request for aid and first intake interview; b) Intake, source of referral or steering, who initiated first contact, number of different family members seen at intake; c) Primary child and adult or client/patient, patient's age, sex, school grade, adults' race, religion; d) Information about chief income recipient, employment, occupation, education, income; e) case date, problem presented by client/patient, specific precipitating event, crisis situations, ego function of parent and patient, gross clinical diagnosis, overall family rating; f) Timing of treatment, number of actual and planned interviews, duration of treatment, prognosis. The primary parent in a child psychiatric clinic is defined as that adult family member who is likely to be the most frequently interviewed. The primary child is defined as the patient-child who is likely to be the most frequently interviewed. The instrument is completed by the mental health worker who is handling the case. This instrument is used along with the Planned Short-Term Study Project Instrument, Schedule II, developed by the same author. Schedule II involves after treatment measurements. Additional information and a copy of both instruments are available from the author.

PSYCHOTHERAPY QUESTIONNAIRE, THERAPIST'S FORM

Chapel Hill, NC, University of North Carolina, 1971.

Strupp, Hans H., Department of Psychology, 134 Wesley Hall, Vanderbilt University, Nashville, TN 37203

The Psychotherapy Questionnaire, Therapist's Form (PQT) is an instrument designed to measure the therapist's perception and attitude towards former psychiatric patients with respect to adjustment, overall success, degrees of disturbance, problems encountered in therapy, the patient's perception of the therapist, and changes in therapy. The PQT is self-administered. The PQT contains 23 items. The former patient is rated by the therapist on each item, using a 5-point scale. A rating of "1" indicates very little presence of the condition or trait. The first seven items which measure such traits as anxiety, defensiveness, ego strength, etc., are rated twice, once for the patient's status before therapy and the other for the status after therapy. Some sample items are: "Degree of change in basic personality structure"; "Degree of systematic improvement"; "Overall success of therapy." The ratings of the patient by the therapist obtained from this instrument are compared with the patient's self-ratings obtained from the Psychotherapy Questionnaire, Patient Form (PQP) developed by the same author. Additional information and a copy of both instruments are available from the author.

THE SELF-CONCEPT SCALE

Changes in adolescents' self-concepts and their parents' perceptions during psychiatric hospitalization. *The Journal of Nervous and Mental Disease*, 1968, 147(3), 253-259.

Harrow, Martin, Fox, David A., Markhus, Kathryn L., Stillman, Richard, & Hallowell, Carolyn B., Department of Psychiatry, Yale-New Haven Hospital, 789 Howard Avenue, New Haven, CT 06504

The Self-Concept Scale is an instrument designed to assess: 1) The self-perceptions of psychiatric patients shortly after hospital admission; 2) Whether patients and/or their family members (e.g., spouse or parent) see only the patient in a negative light (i.e., "disturbed") or whether they see themselves and the patient negatively; 3) Whether the patients' self-concept changes during the course of treatment, and whether other family members' perceptions of the patient change. The instrument consists of 50 items of the form; "I feel emotionally mature"; "I just don't respect myself"; "I am likable," etc. The test items were developed from the original deck of 100 O-sort items employed by Butler and Haigh (Butler, J., & Haigh, G. Changes in the relationship between self-concepts and ideal concepts consequent upon client-centered counseling. In C. Rogers, & R. Dymond (Eds.), *Psychotherapy and personality change*. Chicago: University of Chicago Press. 1954, Pp. 55-75.) From results of a pilot study, the original 100 Butler and Haigh items were reduced to 50 in order to eliminate items that would be difficult to understand by younger or below average intelligence patients. The present scale also modified the original item format from a forced choice task to a rating scale task due to difficulties encountered by disturbed or anxious subjects in attempting to comply with the forced choice instructions. The final test consisted of 50 items requiring 15 to 20 minutes to complete. Subjects rated items using a 9-point Likert scale ranging from "most unlike you" to "most like you." Further information regarding the use of this self-concept measure may be found in both the source document and the following study: Harrow, M., Fox, D. A., & Detre, T. Self-concept of the married psychiatric patient and his mate's perception of him. *Journal of Consulting and Clinical Psychology*, 1969, 33, 235-239. A copy of the present instrument may be obtained from the author.

SOCIAL ADJUSTMENT INVENTORY

Washington, DC, Mental Hospital Service of the American Psychiatric Association, 1964.

Berger, David, Human Interaction Research Institute, 10889 Wilshire Boulevard, Suite 1120, Los Angeles, CA 90024

The Social Adjustment Inventory Method was designed to measure before and after hospital adjustment with respect to family and social relations, social productivity, self-care practices, and capacity to remain out of trouble with respect to legal authorities. The inventory can be used to provide information on the extent to which patients profit from state hospitals or psychiatric treatment. Four questionnaires are provided to be used as follows: 1) For adult males upon entrance to a psychiatric hospital, used to collect information about community adjustment during the immediate months before hospitalization; 2) A parallel form designed for adult females; 3) A companion questionnaire administered to the adult males three months after release from the hospital; 4) A parallel form for adult females. The admissions instrument contains 33 items. A sample item is: "During the last three months before coming to the hospital he was known to have taken things that didn't belong to him, (check one) a) yes, b) no, c) no knowledge of this." The follow-up questionnaire contains 37 items. A sample item is: "During the last year since leaving our hospital he was having trouble getting along with people, (check one) a) almost all of the time, b) some of the time, c) almost never, d) no knowledge of this." The questionnaires are designed to be answered by relatives or friends of the patient. Scoring procedures are provided by the author. In scoring, various weights are assigned to different levels of adjustment on a number of dimensions of adjustment. The weights are based on a priori judgment of clinicians working with patients. Reliability and validity data are provided in Berger, D. J., Rice, C. E., Sewall, L. G., & Lemkaw, P. V. Post-hospital evaluation of psychiatric patients: The social adjustment inventory method. *Psychiatric Studies and Projects*, 1964, 2(15), 1-31. A copy of the instrument and scoring procedures are available from the author.

THE SUBJECTIVE STATE QUESTIONNAIRE

Portland, University of Oregon, 1972.

Irwin, Samuel, University of Oregon Medical School, 3181 S. W. Sam Jackson Park Road, Portland, OR 97201

The Subjective State Questionnaire is a self-report questionnaire designed to provide systematic, comprehensive information about the subjective or experimental state of an individual. The questionnaire may be administered at varying intervals before and after a certain experimental manipulation, as for instance the administration of a particular drug. Before treatment the questionnaire provides baseline (or "customary") subjective state information. When it is used at varying intervals after treatment, the questionnaire provides a self-report record of how the individual's subjective state has changed over time as the result of a particular treatment or experimental manipulation. The questionnaire is thus broadly applicable to any subject regardless of diagnostic or drug state, providing he can understand the meaning of the words used. Items in the questionnaire consist of opposing qualitative descriptions of various emotional and physical conditions expressed in terms of a bipolar scale, as for example: "Sleepy" versus "Wide awake"; "Want to be alone" versus "Want to be with people"; "Inhibited versus "Free"; "Want food" versus "Don't want food." Each pole of the scale is represented as denoting 100 percent or a total existence of state described. The midpoint of the scale is represented as denoting an absence (neither-nor) of the states described. Subjects are asked to describe how they are feeling at that moment relative to the bipolar descriptions. Subjects may place marks anywhere between the two polar extremes representing varying degrees of the state being experienced. Marks placed at various points along the scale are transformed into quantitative 0- to 8-point scores by measuring mark distances. The value of 1.0 rating units is given to every 1.5 centimeters along the 12-centimeter scale line. Also included are seven unipolar rating scales, such as "distorted perception" versus "no distorted perception." For unipolar measures a midpoint mark equals a score of four and denotes a moderate degree of the subjective state described. This questionnaire is designed as part of a battery of tests entitled the Comprehensive Human Assessment Procedure. Further information and a copy of the questionnaire are available from the author.

SYMPTOM RATING SCALE

A symptom rating scale for use with psychotic patients. *AMA Archives of General Psychiatry*, 1959, 1, 197-204.

Jenkins, Richard, Stauffacher, James, & Hester, Ruport, 173C, Veterans Administration, Washington, DC 20420

The Symptom Rating Scale is an instrument designed to collect information on an individual's feeling toward himself and the surrounding world. The instrument is intended for use with psychotic patients in the Veterans Administration Psychiatric Evaluation Project and is designed primarily for comparison with improvement or recovery from psychotic mental illness. The instrument consists of 50 items which attempt to ascertain symptoms and the history of their development. Sample items are: "To what extent does he describe himself as tired, worn out, and without energy during precedent week?" (not at all, very slightly, somewhat, moderately, markedly); "To what extent does he exhibit indifference or lack of feeling during the interview, regardless of object to which affect is attached?" (not at all, somewhat, moderately, markedly). The instrument was developed as part of the Psychiatric Evaluation Project which was concerned with mental hospital effectiveness. The instrument is administered through an interview situation. Reliability and validity data are available in the source document. Factor analysis data can be obtained in the article by Cohen, J., Gurel, L., & Stumpf, J. C. Dimensions of psychiatric symptom ratings determined at thirteen timepoints from hospital admission. *Journal of Consulting Psychology*, 1966, 30(1), 39-44. A copy of the instrument is available in the source document, but more detailed explanation of the interview form is available from the author.

THE TREATMENT EXPERIENCE FLOW CHART

Patients in programs at Area C Community Mental Health Center. Washington, DC, Department of Human Resources, 1971.

Cohen, Lucy M., Deasy, Leila C., El-Hehiawy, Nancy P., & Polivka, Jirina S., Department of Anthropology, The Catholic University of America, Washington, DC 20017

The Treatment Experience Flow Chart is an instrument designed to record data regarding the treatment experiences of patients receiving treatment in a Washington, DC, community mental health care center. The purpose of the instrument is to provide a method of assessing the nature of patients' experiences (e.g., sorts of treatment, effects of treatment, etc.) while receiving care in such a community mental health care program. The Treatment Experience Flow Chart is designed to record the distribution of patients receiving care within the various types of community mental health center programs. The flow chart consists of 31 vertical columns representing each day of the month and several rows designating the types of therapy programs provided within the center, such as day care, 24-hour care, outpatient care, emergency care, etc. Thus, a check placed in any one of the boxes formed by the columns and rows designates the kind of treatment received by a particular patient on any given day. Such a flow chart, kept for each patient, summarizes the course of therapy and the patient's treatment progress within any month-long period. Information recorded on the flow chart is obtained from such sources as hospital records, physician's reports, social histories, laboratory reports, etc. The treatment flow chart thus provides a rapid system for recording such data as the patient's placement in a particular therapy program, his medical situation, and those changes in his condition as are reflected by changes in treatment, as for example, a move from outpatient treatment to 24-hour care. Further information and a copy of the instrument may be obtained from the first author.

WORK/ADJUSTMENT CRITERION INFORMATION INTERVIEW SCHEDULE
Washington, DC, Veterans Administration, 1971.

Lorei, Theodore W., 173C, Veterans Administration, Washington, DC 20420

The Work/Adjustment Criterion Information Interview Schedule is an instrument designed to collect information on various aspects of an individual's work and adjustment progress. The instrument is intended for use with schizophrenic patients in the Veterans Administration's Psychiatric Evaluation Project (PEP) and is designed primarily to assess the adjustment of patients nine months after their release from the hospital. The interview schedule consists of 213 items divided into four parts. Sample items are: "How many of the 37 weeks since E-day has patient spent in each of the following?"; (NP ward in original PEP, jail or penal institution, domiciliary, community, foster home, halfway house, with family, nonrelative); "During how many of the first six months since E-day did patient work?"; "Of the following, check single informant, other than veteran, who contributed largest quantity of useful and presumably valid information" (wife, mother, father, child, friend, law inforcement officer). "To what extent has veteran been engaged in job-seeking activities since in community evaluation?" (no activity or nonspecific activity, directed preliminary activity, definite action directed toward specific job, not applicable). The interview schedule was developed in conjunction with the Psychiatric Evaluation Project to look at factors in mental hospital effectiveness. The instrument is administered through an interview situation. A copy of the instrument is available from the author.

THERAPEUTIC PROCESSES

THE ADVERSE SYMPTOM CHECKLIST

Portland, University of Oregon, 1972.

Irwin, Samuel, University of Oregon Medical School, 3181 S. W. Sam Jackson Park Road, Portland, OR 97201

The Adverse Symptom Checklist is a checklist designed to identify any adverse symptoms that may arise as a result of a certain treatment, as for example, the administration of a particular drug. The checklist may be administered to subjects before and after a particular experimental manipulation in order to determine both baseline functioning (the symptoms the subject experiences in his "usual" state) and the adverse symptoms that arise as a result of the treatment. Sample items from the checklist include: "Stuffy nose"; "Light-headed"; "Blurred vision"; "Faint"; etc. Subjects are asked to check the symptoms they are experiencing and rate them as to the degree to which they are being experienced ("slight" or "much"). Also provided is a blank space marked "other" in which the subjects may write in symptoms not included in the list. The Adverse Symptom Checklist is designed as part of a battery of tests entitled the Comprehensive Human Assessment Procedure that includes a Psychological and Physiologic Behavior Rating Scale, a Subjective State Questionnaire, and a Personnel Inventory Questionnaire. The tests comprising the Human Assessment Procedure were developed to make possible the assessment of any human subject regardless of psychiatric type or nature of treatment. Further information and a copy of the checklist may be obtained from the author.

AFFECTIVE SENSITIVITY SCALE

East Lansing, Michigan State University, 1967.

Campbell, Robert J., & Kagan, Norman, Counselor Education Department, 202 Hill Building, University of Pittsburgh, Pittsburgh, PA 15213

The Affective Sensitivity Scale is designed to measure the ability to detect and describe the immediate affective state of another. The scale is a videotaped situational test consisting of 41 scenes involving 11 different clients and counselors. The scenes are taken from actual counseling sessions and vary in emotional depth and content of client concern. After each videotaped sequence, the subject is asked to answer several multiple-choice items concerning the client's true affective state. Each item contains one correct choice and two distractors. The items fall into two categories, one reflecting the client's feelings about himself, and the other reflecting his feelings about the counselor. Administration time is about one and a quarter hours and scoring is done by machine. Normative data are available from the author. Internal consistency reliability coefficients range between .58 and .77 with most of the coefficients in the 70's. A test-retest coefficient of correlation was .75 over a two week period. A number of validity studies have been carried out. One of these showed good results from subject exposure to an intensive experience designed to increase their interpersonal sensitivity. A general reference for the Affective Sensitivity Scale is Campbell, R. J., Kagan, N., & Krathwahl, D. R. The development and validation of a scale to measure affective sensitivity (empathy). Journal of Counseling Psychology, 1971, 18, 407-412. An additional reference is Danish, S. J., & Kagan, N. Measurement of affective sensitivity: Toward a valid measure of interpersonal perception. Journal of Counseling Psychology 1971, 18, 51-54. A copy of the scale and information concerning its use are available from the author.

CONTENT ANALYSIS OF PSYCHOTHERAPEUTIC INTERVIEWS

Eliciting responses in client therapist interaction: A content analysis of initial psychotherapeutic interviews. Doctoral thesis, Michigan State University, Department of Psychology, 1965.

Kopplin, David A., 1417 Dicken Drive, Ann Arbor, MI 48103

The Content Analysis of Psychotherapeutic Interviews is a coding system designed to measure the nature of mutual response elicitation between client and therapist during a therapeutic interview. The system includes verbal interaction analysis of interview content, sequence, and mode of expression. The system was designed primarily for research purposes and was developed within the theoretical context of social learning theory. The system is an extension of similar interaction analyses proposed by Bandura, et al., (1960) and Winder, et al., (1962). Additions to the previous systems were theoretically generated. The basic unit of analysis is the interaction sequence, a client statement, therapist response, and a following client statement. Four categories of client variables are scored. Each of the client's speeches is first scored as belonging to one or more interpersonal classes: "Hostility"; "Dependency"; "Affiliation"; "Self-assertion"; "Sex"; "Vague"; and/or "other." These classes are considered exhaustive but not mutually exclusive. The speech is then scored for intrapsychic class reflected: "Guilt"; "Frustration-hurt"; "Frustation-aggression"; "Satisfaction"; "Anxiety"; "Simple need"; "Unstated"; and "Simple agreement-disagreement." The speech is scored also for subject and object of the statement and finally for therapeutic relevance of the interpersonal class scored. Three categories of therapist response are scored. First the response is scored for approach or avoidance (moving toward or away from the client's statement), then for initiation (or lack) of interpersonal category response from the client and, finally, for focus on internalized feeling versus externalized discussion. Scoring is performed by a trained judge with the use of tape recorded interviews. Detailed scoring instructions and reliability data are available in the source document. The major application to date, of the scoring system has been in the author's research for the doctoral dissertation. Results of that research are also available in the source document. A copy of the instrument is available from C. L. Winder. References are: Bandura, A., Lipsher, D. H., & Miller, P. E. Psychotherapists' approach-avoidance reactions to patients' expression of hostility. Journal of Consulting Psychology, 1960, 24, 1-8; and Winder, C. C., Ahmad, F. Z., Bandura, A. & Rau, L. C. Dependency of patients; psychotherapists' responses and aspects of psychotherapy. Journal of Consulting Psychology, 1962, 26, 129-134.

ENABLER'S VIEW OF PATIENT GROUP

Philadelphia, Philadelphia State Hospital.

Weinman, Bernard, Behavioral Science Clinical Research Center, Philadelphia State Hospital, 14000 Roosevelt Boulevard, Philadelphia, PA 19114

The Enabler's View of Patient Group is one of four questionnaires filled out by both patients, enablers, and therapists designed to evaluate the quality of interpersonal relations among the patients and staff participating in rehabilitative therapy groups. The enablers are staff members specially trained for the social retraining of patients The most important variables measured are the degree of cooperation, support, disagreement, and interpersonal attraction among the patients in the group and between the patients and staff. The instrument consists of seven items which the enabler fills out to evaluate patients in the above categories and the therapy group itself. Some sample items are: "In general, to what extent do you feel that A (one of the patients) is liked by the other patients in the group? a) liked very much, b) liked somewhat, c) group is indifferent toward him, d) disliked somewhat, e) disliked very much"; "Of the patients and enablers in your group therapy sessions, name the four individuals whose suggestions and ideas you think are most valuable in helping the patients get along outside the hospital." Please place them in rank order. The instrument is used in conjunction with the other three instruments mentioned above and is administered after the first, fourth, and eighth months of an 8-month group therapy treatment program. More information and a copy of the instrument are available from the author.

AN EXPLORATORY STUDY OF THE GROUP PSYCHOTHERAPY PARTICIPATION

Saturation Group Therapy Technical Report Number 4. Sylmar, CA, Los Angeles-Olive View Medical Center, 1970.

Vernallis, Francis F., 16621 Mayall Street, Sepulveda, CA 91343

The Group Psychotherapy Participation Scale (GPPS) is an instrument designed to analyze the group psychotherapy process and is intended for use with psychiatric patients. It is designed primarily for research and evaluation in psychotherapy. The GPPS is composed of 26 cells which cover psychodynamic, confrontive, treatment goal-orientation, life goal-orientation, friendliness, didactic, unscorable, and silence categories. The categories are scales at varying levels ranging from one to five. A sample item in the confrontive category is: "You're goofing off." The instrument was developed rationally and empirically. The GPPS is administered by raters who rate tape recordings. Scoring varies with the amount of participation observed and is a simple sum of the number of entries in each category. Reliability and validity data are available in the source document. To date the major application has been in research. See: Granach, M., & McBride, T. An exploratory study of group interaction in the saturation group therapy format. Master's thesis, University of California, Los Angeles, 1971. A copy of the instrument is available from the author.

GROUP DYNAMICS SENTENCE COMPLETION TEST

Note on a projective technique for studying group dynamics. Group Psychotherapy, 1961, 14, 48-49.

Michaux, William W., 301 Colleen Road, Baltimore, MD 21229

The Group Dynamics Sentence Completion Test (GDSC) is an instrument designed to explore group dynamics. The GDSC is intended for use with groups for the purpose of diagnostic study. The GDSC comprises a chain of completed sentences; an individual in a group both completes a stem and composes a stem, to be continued by another group member. A sample excerpt reported in the source document is: "Getting back to the subject of the clinic, in it there is an interesting subculture in which the foibles of the human race are laid bare. Yet we can see a definite . . . ." The instrument was developed through the modification of the standard sentence completion method. The GDSC is administered by giving a group two or more sheets of paper stapled together, with instructions printed on the first sheet. The examiner chooses one member to write the opening stem; the examiner may suggest a topic if necessary. To date the major application of the GDSC has been in the Veterans Administration Mental Hygiene Clinic, Washington, DC. A copy of the instrument is available from the author.

GROUP THERAPY QUESTIONNAIRE, FORM C

The group therapy questionnaire: An instrument for study of leadership in small groups. *Psychological Reports*, 1970, 27, 1970, 263-273.

Wile, Daniel B., Bron, Gary D., & Pollack, Herbert B., Counseling Services, California State College, 25800 Hillary Street, Hayward, CA 94542

The Group Therapy Questionnaire, form C (GTO-C), is an instrument designed to describe leadership styles in groups. (It is a revision of the GTQ-B by D. B. Wile & G. D. Bron which had the same purpose. Form C was designed to be more applicable to modern group methods and to lend itself to more precise measurement). The instrument is intended for use with group psychotherapists and was designed primarily for research on group leadership. The GTQ-C presents 21 group leadership situations, each accompanied by 19 statement alternatives. The subject is required to select 1) All responses he might make to a situation; 2) One most important response; or 3) Write in a response not included, if any. Sample situation (abridged): "First meeting of a therapy group is beginning; what do you do when there is silence?" Sample alternative: "Ask why everyone is silent." GTQ-C was developed by preparing alternative responses to situations primarily in terms of a predetermined set of leadership variables and secondarily to relate to unique qualities of the specific group situations. Nineteen relatively distinctive leadership approaches were defined; these were involved in the 19 alternative responses to each situation. The GTQ-C is self-administered, and takes between one and one and a half hours to complete. Scoring takes 15 minutes and involves tabulating the alternatives chosen relevant to specific leadership qualities. Normative data consist of research data reported in a paper by the author, What do trainees learn from a group therapy workship? *International Journal of Group Psychotherapy*, Summer, 1973. Reliability and validity data appear in an unpublished paper by the author entitled, A detailed presentation of the experiment summarized in the paper: What do trainees learn from a group therapy workshop ? See also Wile, D. B., Bron, G. D., & Pollack, H. B. Preliminary validational evidence for the group therapy questionnaire. *Journal of Consulting and Clinical Psychology*, 1970, 34, 367-374. To date, the major applications of this instrument have been in research. A copy of the GT)-C is available from CCM Information Corp. and from the author.

THE INTERPERSONAL PROCESS RECALL TECHNIQUE

Affect simulation in interpersonal process recall. *Journal of Counseling Psychology*, 1969, 16(4), 309-313.

Kagan, Norman, & Schauble, P. C., College of Education, Michigan State University, East Lansing, MI 48823

The Interpersonal Process Recall (IPR) is a procedure designed to give the participants of a counseling or therapy session insights into the emotionally salient aspects of their interpersonal interaction. The basic IPR process involves videotape recording a counseling session and then playing back the videotape so that the client can study himself and his interaction with the counselor. A significant aspect of the IPR procedure is that a second counselor, functioning as an interrogator or inquirer stimulates the subject's recall and self-analysis of the videotaped interaction, helping him to recall and analyze salient behaviors, attitudes, defenses, emotions, etc. The authors have recently expanded the IPR procedure in order to make the nature of the subject's interaction more involving and more revealing. This was done by videotaping the subjects' reactions to affect simulation films in which an actor looks directly at the viewer and engages the viewer in intense rejection, acceptance, seductiveness, guilt, or affection. Most subjects have shown little difficulty in becoming intensely involved with the filmed "other." This added feature has also been coupled with the recording of physiological indices of arousal (eccrine sweat rate and heart rate). The filmed "other," as well as the subject himself during the interaction are simultaneously videotaped on a single screen. A trained counselor then interrogates the subject and stimulates recall of aspects of the interaction, which the subject has verbally suppressed but which physiological indicators show to be of an arousing or salient nature. The forced recall process brings suppressed aspects of the subject's interaction to his attention and thus provides a feedback method by which more adaptive responses may be identified and attempted. Statistically significant results have been obtained using IPR in controlled studies of counselor education and for acceleration of client growth in therapy. Further information, related references, a detailed description of the IPR procedure, and the simulated affect films may be obtained from the first author.

THE JAW BOARD

Crofton House Final Report, San Diego, California State University at San Diego, 1970.

Norton, Jeanette P., Jones, A. D., & Miller, W. D., Route 3, Box 553G, Escondido, CA 92025

The JAW Board is an instrument devised to assist group therapy sessions or awareness raising exercises conducted at Crofton House, a therapeutic, family-type residence where convicted men live and serve their sentences while working in the community. The instrument was designed for the purpose of providing an impetus or guide in group therapy sessions without the use of a leader or other professional assistance. The JAW Board consists of a large board placed before the group at each group session. During each session a different group participant is selected for evaluation by means of the board. Three areas of behavior or functioning relating to progress in group therapy are represented on the board, and each group member rates the particular participant being evaluated on his degree of success in each of these areas. The areas are: 1) Doing something about his problems; 2) Being willing to share himself with others in the group and to use the group process to effect change in himself; 3) Being willing to help others explore their problems in the group. The subject of evaluation similarly evaluates himself, and the similarities and differences between the way he perceives himself and the he is perceived by others become the material for mutually helpful discussion. It was found that member participation was greatly enhanced by the use of the device at Crofton House. The success of the device recommends its applicability to programs similar to Crofton House, as well as to any group therapy situation. Further information and a more detailed description of the JAW Board may be obtained from B. C. Kirby, Department of Sociology, California State University at San Diego, 5402 College Avenue, San Diego, CA 92115.

THE NORTON INTERACTION MATRIX

Crofton House Final Report. San Diego, California State University at San Diego, 1970.

Norton, Jeanette P., Route 3, Box 553G, Escondido, CA 92025

The Norton Interaction Matrix (NIM) was designed to provide a method by which to rate and record the content of verbal interaction among participants of group therapy sessions conducted at Crofton House, a therapeutic, family-type residence where convicted men live and serve their sentences while working in the community. The matrix provides two dimensions of axes for rating, the referent of the verbalization, and the affective component of the verbalization. For the referent axis, one of the following six conditions is selected in identifying the subject of a particular verbalization: 1) Self; 2) Important other; 3) Group member; 4) The group (collectively); 5) Topic (i.e., miscellaneous verbalizations); 6) Other (referring to verbalizations where the referent is unclear). Along the affect axis, an affective rating is selected from a 9-point continuum consisting of: "Deep positive emotional reaction"; "Slight positive emotional reaction"; "Intellectual agreement"; "No affect"; "Intellectual disagreement"; "Slight negative emotional reaction"; "Deep negative emotional reaction"; "Expressive" (affective but not evaluative); "Irrelevant." Thus, for any verbalization a point on the matrix may be located which identifies both the referent and the affective content. Complete interrater agreement ranged from 47 percent to 90 percent of the total ratings. The quality and content of group therapy sessions, as measured by the NIM, was found to contribute significantly to the rehabilitation process. Further information and a copy of the NIM may be obtained from B. C. Kirby, Department of Sociology, California State University at San Diego, 5402 College Avenue, San Diego, CA 92115.

THE PERSON PERCEPTION INVENTORY

Columbia, University of Missouri, 1972.

Dolliver, Robert H., University Testing and Counseling Service, 220 Parker Hall, University of Missouri, Columbia, MO 65201.

The Person Perception Inventory (PPI) is an instrument designed for the study of reactions and interactions of individuals within a group who are known to one another. The instrument is intended for use with any group, particularly a class or counseling group. The PPI is a card sort containing an unspecified number of categories and unspecified content of categories. Names of individuals may be used as items. The content of the categories may also pertain to perceived similarities or dissimilarities between an individual member and the group, as well as feelings or attitudes of group members. The instrument is a modification of G. A. Kelly's Role Construct Repertory Test (Kelly, G. A. *The psychology of personal constructs*. New York: Norton, 1955). The PPI is self-administered and requires 3" by 5" cards with group members' names on them. Approximately 15 minutes are required to complete the instrument. No scoring system is used. The content of the categories and pairings of individuals are studied. To date, the major applications of the instrument have been with National Training Laboratory groups. A copy of the instrument is available from the author.

PROBLEM-EXPRESSION SCALE

Chicago. Institute for Juvenile Research, 1965.

Van der Veen, Ferdinand, & Tomlinson, Tom, Institute for Juvenile Research, Research Headquarters, 232 East Ohio Street, Chicago, IL 60611

The Problem-Expression Scale (PES) is designed to describe the way a person talks about his problems. The PES is a 7-point scale with different points on the scale referring to distinctly different ways of verbalizing or talking about problems. The points from one to seven are as follows: 1) Does not talk about problems, i.e., wrongs, difficulties, confusions, etc.; 2) Talks about problems or problem situations, but not about his direct involvement in a problem situation or event; 3) Talks about direct involvement, but not about his own reactions in or to the problem situation; 4) Talks about his own reactions, but not about the contribution of his reactions to the problem; 5) Talks about his contribution, but not about his understanding of his feelings, experiences, or attitudes; 6) Talks about his understanding, but not about an actual resolution of the problem situation in terms or changes in his feelings, experiences, or attitudes; 7) Talks about an actual resolution of the problem situation in terms of changes in his feelings, experiences, and attitudes. The PES on the basis of speech samples, randomly selected from tape recordings of conversations in such settings as psychotherapy, sensitivity training, work situations, and family discussions. Reports of studies in which the PES has been used, more information, and a copy of the instrument are available from the author.

RELATIONSHIP INVENTORY

Waterloo, Ontario, University of Waterloo, 1960.

Barrett-Lennard, G. T., Humanities 349, University of Waterloo, Waterloo, Ontario, Canada

The Relationship Inventory (RI), a research instrument, is designed to measure four dimensions of interpersonal relationships adapted from Rogers' conception of the necessary conditions for therapeutic personality change. The instrument samples the perceptions of either participant in a dyadic relationship with respect to the variables of empathic understanding, congruence, level of regard, and unconditionality of regard. Parallel forms of the RI enable the respondent to describe the other's response to self (OS form) and/or his own response to the other (MO form). Each form consists of 64 items to which the subject responds on a 6-point scale ranging from "strongly feel that it is true" to "strongly feel that it is not true." A sample item is: "He feels a true liking for me." The RI is self-administering although the particular relationship under consideration must be specified to the subject. Administration time ranges from 20 to 30 minutes. Hand tabulation and scoring takes approximately 20 to 25 minutes. A separate score for each of the four variables is obtained by appropriate summation of the respondent's answers to each of the items representing that variable. Scale means and standard deviations from a variety of samples and investigators involving a number of categories of relationships such as client-therapist, parent-child are available from the author. Test-retest reliabilities over two to six weeks for the four scales range from .74 to .92 (three studies). Validity information, an organized annotated bibliography of over 60 studies using the RI, and a copy of the instrument and scoring procedures are available from the author.

THE SENSORY DEPRIVATION RATING SCALE

Individual differences in behavioral reactions of psychiatric patients to brief sensory deprivation. Perceptual and Motor Skills, 1972, 34, 199-217.

Adams, Henry B., Cooper, G. D., & Carrera, R. N., Area C Community Mental Health Center, 1905 E Street, S.E., Washington, DC 20003

The Sensory Deprivation Assessment Scale was developed for the purpose of assessing the effects of sensory deprivation (SD) on the symptoms of psychiatric patients. Specifically the scale was used to determine whether SD acts to reduce or increase symptoms in patients. Subjects were exposed to a six hour sensory deprivation period which consisted of lying on a bed in a quiet room with eyes and ears covered. Subjects were allowed to leave when they desired. Four behavioral indices were derived from observational ratings made of patients during pre- and post-SD interviews and during the SD experiment. These indices are: 1) Behavioral anxiety. This score was based on ratings of the degree to which anxiety was overtly manifested by patients during the SD period. A rating was made every 15 minutes the subject remained in the SD condition. Ratings were made in terms of a scale ranging from "0" (no visible signs of anxiety) to "7" (representing a complete state of panic). The mean of the numerical ratings constituted the subject's behavioral anxiety score. Interrater agreement for anxiety scores was observed to be .81. 2) Gross symptomatology. This was a score reflecting the severity of overt symptomatology manifested by patients at the time of the predeprivation interview Patients interview behavior was rated using a 20-item Symptom Rating Scale (SRS), (Jenkins, R. F., Stauffacher, J., & Hester R. A symptom rating scale for use with psychotic patients. Archives of General Psychology, 1959, 1, 197-204.) The 20 items were assigned a numerical score of "1" if a given symptom was absent or within the normal range, with highest scores reflecting the most severe symptoms. Numerical scores for the 20 items were summed resulting in the patient's gross symptomatology measure. 3) Symptom reduction. This index was also a global score which reflected the degree of reduction in overt symptomatology after SD. It was based on a comparison of the predeprivation interview ratings on each of the 20 SRS items with corresponding SRS-item ratings derived from the two postdeprivation interviews. One postdeprivation interview was used to assess short term positive postdeprivation changes (i.e., changes in the direction of less severe symptom ratings), and a second, given at a later date was used to assess long term positive postdeprivation changes. Both these comparisons were used in computing the symptom reduction index. 4) Symptom increase. This index was a measure of negative changes in the direction of increased symptomatology following deprivation Each subject's score was the number of SRS items on which he showed short term negative changes. Results indicated that the gross symptomatology and symptom reduction indices were significantly and positively correlated, implying that SD procedures may be most beneficial for patients presenting more severe personality disorders, since subjects showing the greatest symptom reduction were those having the more severe symptoms initially. Further information on the reliability and validity of the sensory deprivation assessment scale is available in the source document.

SOCIOPLOT

Socioplot: A computer program for the analysis and presentation of sociometric information. Chapel Hill, University of North Carolina, 1971.

Brantley, John C., School of Education, University of North Carolina, Chapel Hill, NC 27514

The Socioplot is a method of analyzing sociometric information from multiple sources: "Self"; "Peers"; "Teacher." Variables measured are: "Choices of and choices by others"; "Popularity"; "Unpopularity"; and "Visibility." The technique is intended for use with groups of 36 or less, such as school classes, and is designed primarily to aid in the understanding of social perceptions within groups. One to 10 questions of the user's choice may be used. These may be positive, negative, or a combination. Sample questions might include: "The people in this group that I like most are _____"; "The people in this room that I like the least are _____." The instrument was developed to speed and systematize sociometric data collection. Questions may be self administered or presented in an interview. Scoring time varies with group size but usually involves 15 to 20 minutes per subject. Reliability and validity vary widely with questions used. To date, major applications of the instrument have been in research on children's peer perceptions in open classrooms. Utilization of the Socioplot program requires access to a computer such as the IBM 360/75 and some familiarity of the user with "canned" programs. The descriptive manual and magnetic tape copies of the program are available for distribution from the author.

THERAPIST SPECIFICITY SCALE

An empirical scale for the measurement of therapist specificity in the initial psychiatric interview. Psychological Reports, 1962, 11, 515-520.

Siegman, Aron Wolfe, & Pope, Benjamin, no address for the first author

The Therapist Specificity Scale is a rating scale designed to measure the amount of information (specificity) in psychotherapists' verbal behavior during psychiatric interviews. The rating scale consists of 10 descriptions of therapists' verbal behavior. Each of those 10 descriptions has been assigned a value on an 11-point scale of specificity. A sample description is: "Therapist makes an interpretation which is more than a limited inference" (scale value = 8.6). The scale was empirically developed through operations involving specificity rankings of 39 therapist remarks made by 14 psychiatrists and psychiatric residents. The usual unit of therapist verbal behavior rated is that portion of the therapist's speech occurring between two patient responses. Raters are instructed to score each unit according to the 10 descriptive categories provided in the specificity scale. Reliability data are available in the source document. To date, the major application of the instrument have been research studies which have investigated patient process variables as a function of therapist specificity. A copy of the scale is available from Benjamin Pope, Director, Psychology Services, Sheppard Pratt Hospital, Baltimore, MD 21204.

THERAPIST'S VIEW OF ENABLER

Philadelphia, Philadelphia State Hospital.

Weinman, Bernard, Behavioral Science Clinical Research Center, Philadelphia State Hospital, 14000 Roosevelt Boulevard, Philadelphia, PA 19114

The Therapist's View of Enabler is one of four questionnaires filled out by both patients and staff which are designed to evaluate the quality of interpersonal relations among the patients and between the patients and staff participating in a rehabilitative therapy program. The most important variables involved are the degree of cooperation, support, disagreement, and interpersonal attraction among the patients and staff. The instrument consists of four items in which the therapist evaluates the enabler, a staff member specially trained for the program, and his relations with the patients. Some sample items are: "How helpful has the enabler been in helping the patient to live outside of the hospital? a) extremely helpful, b) somewhat helpful, c) slightly helpful, d) not helpful at all"; "How often would you say that the enabler and the patient have disagreements? a) all the time, b) often, c) sometimes, d) rarely, e) not at all"; "What do you believe the enabler feels about the patient? a) likes him very much, b) likes him somewhat, c) feels neutral or indifferent to him, d) dislikes him somewhat, e) dislikes him very much." Items concerning patients are answered for four different patients. The instrument was developed for use in the rehabilitation of chronic schizophrenic patients. It is administered in conjunction with the other three instruments mentioned above at the end of the first, fourth, and eighth months of an 8-month therapy program. More information and a copy of the instrument are available from the author.

THE THERAPY CONTENT ANALYSIS SCALE

A therapy content analysis scale. Vancouver, University of British Columbia, 1970.

Davis, William L., University of British Columbia, Vancouver 8, British Columbia, Canada

The Therapy Content Analysis Scale is an instrument designed to provide for the objective analysis of patients' verbal behavior during therapeutic sessions on the basis of nature of content and level of psychological health reflected in the statement. The scale procedure involves dividing patients' verbalizations into units called "independent clauses." What shall constitute an independent clause is specifically outlined by the therapy content analysis procedure. Briefly, an independent clause is represented as a verbal statement containing an explicit or implied subject and a predicate, with or without complements or modifiers. Examples of independent clauses derived from patients verbalizations are: "I don't see that we are getting anywhere" (one unit); "I don't feel any better than when we started" (one unit). The content analysis procedure involves classifying each of these independent clause units into one of three content categories: 1) Self-reference; 2) Other-references; 3) Task-references. Criteria for placing a verbal unit into one of these content categories are similarly outlined in detail by the scaling procedure. In addition to placement in one of the three content categories, verbal units are also placed into one of several subareas provided within each content area. Within the self-reference content area 23 subareas are provided for further categorization of unit content. Sample self-reference subareas are: "Evaluation of self"; "Needs"; "Memories"; "Feelings about therapy"; etc. Within the other-reference content area, 19 subareas are identified. Samples are: "Therapist relationship"; "Closeness to people"; "Self-consciousness"; etc. Finally, within the task-reference category, seven subareas are identified. Samples are: "Involvement"; "Everyday tasks"; "Life goals"; etc. Within each subarea of the three major content areas a further categorization of the verbal unit is made on the basis of a healthy behavior-unhealthy behavior continuum. For this classification a 4-point scale is used ranging from "-2" to "+2". Detailed descriptions of the criteria used to determine the rating given a particular unit are outlined in the scale procedure. Briefly, a "-2" is given to the verbal unit when the patient expresses incapacitating feelings about the future; a "-1" when the patient expresses unpleasant feelings with an awareness of the problem but an inability to act on the problems; a "+1" when positive but qualified feelings of comfort and progress are expressed. The major application of the scale is to tap and record patient progress in therapy. Further information and a copy of the procedure may be obtained from the author.

TOPIC CLASSIFICATION CATEGORIES AND DESCRIPTION OF CLASSIFICATION CATEGORIES
Salem, OR, Bishop Health Center, Willamette University, 1966.

Schwartz, Richard K., Counseling Services, Bishop Health Center, Willamette University, Salem, OR 97301

The Topic Classification Categories and Description of Classification Categories (TCCDCC) is an instrument designed to identify topics discussed by secondary school students in an interview. The instrument contains three classification categories. In the first category, "self-topics," there are 12 classification descriptions: 1) General self; 2) Athletic self; 3) Financial self; 4) Intellectual self; 5) Occupational self; 6) Physical appearance; 7) Physical health; 8) Sexual self; 9) Spiritual self; 10) Self-guilt; 11) Self-fear; 12) Other specific self-categories. The second category, "significant other" topics, contains three areas of description: 1) General significant others; 2) Authority figures, parents, teachers, etc.; 3) peers, siblings, friends of the opposite sex, etc. The third category "ideas, places, things, and time" topics, deals with those student discussion topics not covered in any of the self or significant others categories. The TCCDCC is used by a listener of an audio or videotape recording of an interview. The time necessary to complete the instrument is dependent on the length of the interview. The author has shown good reliability for this instrument by obtaining 70.6 percent classifier agreement for all specific topics and 82.5 percent agreement for three major combined topics. Available references on the TCCDCC are: Schwartz, R. K., & Ohlsen, M. N. A content analysis technique for evaluating outcomes in counseling. *Personnel and Guidance Journal*, 1968, 47, 346-352; and Schwartz, R. K. A validation study of a content analysis technique for evaluating outcomes in counseling. Unpublished study, University of Illinois, 1966. Additional information, a copy of the unpublished study, and a copy of the instrument are available from the author.

TREATMENT EXPERIENCES OF PATIENTS
Patients in programs at Area C Community Mental Health Center. Washington, DC, Department of Human Resources, 1971.

Cohen, Lucy M., Deasy, Leila C., El-Heihiawy, Nancy P., & Polivka, Jirina S., Department of Anthropology, The Catholic University of America, Washington, DC 20017

Treatment Experiences of Patients is an instrument designed to record and quantify various aspects of patients' treatment experiences while receiving care in a Washington, DC Community Mental Health Care Center. The instrument consists of 32 categories of information which are designed to tap particularly salient aspects of the treatment experience. The categories which comprise the schedule and the checklist items contained within each category were developed from an analysis of the contents of 40 randomly selected case folders containing patient information from hospital records in the form of nursing notes, physicians' orders, laboratory reports, social histories, etc. From material extracted from these 40 folders, 32 a posteriori categories of information were devised for the purpose of quantifying treatment experiences of patients from time of admission to termination of treatment. The comprehensive categories and the checklist alternatives within them allow for the systematic comparison over time of the characteristics, experiences, and reactions of patients assigned to the various mental health center treatment programs. The instrument samples such treatment data as nature of symptoms on admission, diagnostic and treatment procedures employed in response to the patients' physical and psychological problems, particularly with reference to use of drugs in treatment. Sample categories from the schedule are: "Psychic symptoms of patient on admission"; "For what reasons was the decision made to begin treatment in this particular program?"; "What treatment was initiated for patient's psychological condition that did not involve the use of drugs?"; "What diagnostic procedures aimed at assessing the physical condition of the patient were carried out?"; "Length of time patient remained in program to which he was admitted." Further information and a copy of the instrument may be obtained from the first author.

TRUAX DEPTH OF SELF EXPLORATION SCALE
Fayetteville, AR, Rehabilitation and Training Center, 1972.

Truax, Charles B., Arkansas Rehabilitation and Training Center, University of Arkansas, Fayetteville, AR 72701

The Truax Depth of Self-Exploration Scale is a 9-point continuous scale designed to assess the extent to which patients engage in self-exploration. A stage "0" patient presents no personally relevant material to be discussed while a stage "1" patient actively evades personally relevant material. A stage "8" patient is defined as following a connected chain of thoughts in focusing upon himself and actively exploring himself. Stage "9" is an extension of the scale and is to be used in those rare moments when the patient is deeply exploring and being himself, or in those rare moments when he achieves a significant new perceptual base for his view of himself or the world. Four corrections can be applied to each basic rating when appropriate. For example, one half a stage is added for any communication which makes the patient more vulnerable. A copy of the scale is available from the author.

THE VIDEOTAPE RECALL OF AFFECT SIMULATION
Affect simulation in interpersonal process recall. Journal of Counseling Psychology, 1969, 16(4), 309-313.

Kagan, Norman, & Schauble, P. C., College of Education, Michigan State University, East Lansing, MI 48823

The Videotape Recall of Affect Simulation (VRAS) is an extension of the author's Interpersonal Process Recall Technique (IPR), in which recall of a videotaped counseling or therapy session is stimulated so as to accelerate client insight and change during therapy. The VRAS procedure was adapted in order to make the interaction between the client and the "other" of a more salient and involving nature than is possible in situations in which the counselor is the "other." For the purpose of videotaping the subjects' behaviors, defenses, attitudes, etc., during emotional arousal, a videotape recording is made of the subjects' reactions to affect simulation films. In the films an actor or actress looks directly at the viewer and engages the viewer in intense rejection, pseudo-acceptance, seductiveness, guilt or affection. Most subjects have shown little difficulty in becoming intensely involved with the filmed "other." Both the client and film are videotaped while the client watches the film. The videotape is then played back to the client, as in the IPR technique, while his counselor helps the subject to examine the nature of his reactions to the film. This stimulated recall process allows self-analysis of troublesome or suppressed aspects of the subjects interaction and thus provides a feedback method by which maladaptive responses may be identified and more adaptive responses attempted. Further information, a list of related reference and the simulated affect films may be obtained from the author.

ACTIVITY VECTOR ANALYSIS
The construction of an industrial selection personality test. *Journal of Psychology*, 1956, 41, 379-394.

Clarke, Walter V., 1195 South East 17th Street, Fort Lauderdale, FL 33316

The Activity Vector Analysis, a self-administered, open-ended adjective checklist which yields personality descriptions, was designed primarily for use as a personnel selection and screening device in business and industry. It has also been used in personality assessment and self-concept measurement research. The instrument was assembled by selecting 81 items (judged non-derogatory) from a layer list of 183 items sampling many different aspects of temperament. These adjectives were subjected to a frequency response pretest with a sample of industrial applicants; after doing a cluster type factorial study, four basic factors were isolated: "Aggressiveness"; "Sociability"; "Emotional stability"; and "Social adaptability or dependence." A fifth measure, activity, is the total number of test responses. The AVA consists of a 4-page booklet containing a personal data page, two pages listing 81 adjectives descriptive of behavior, and a page for a completely open self-description. It requires 5 to 10 minutes to administer and may be administered to anyone over 16 years of age. A set of five plastic stencils is used in scoring and scores are plotted on a summary card. Scoring can be completed in one or two minutes; plotting and calculating necessary ratios may take another two to five minutes. Reliability and validity data are available in the source document. A copy of the test may be obtained from the author.

ATTITUDE SCALE OF THE VOCATIONAL DEVELOPMENT INVENTORY
The maturity of vocational attitudes in adolescence. Washington, DC: American Personnel and Guidance Association, 1971.

Crites, John O., Department of Psychology, University of Maryland, College Park, MD 20742

The Attitude Scale of the Vocational Development Inventory (VDI) consists of 50 items concerning occupational choice and work designed to assess five dispositional response tendencies in vocational choice: "Involvement in the choice process"; "Orientation toward work"; "Independence in decision-making"; "Preference for choice factors"; and "Conception of the choice process." Subjects are instructed to answer each item "true" or "false." A sample item is: "Once you choose a job, you can't choose another one." The VDI was standardized on fifth through twelfth grades but is probably most applicable to seventh through twelfth grades and to college freshmen and sophmores. A subject's vocational maturity score is the total number of responses he makes which are like those of twelfth graders. The VDI can be administered either individually or in groups. Average administration time is from 15 to 20 minutes. Kuder-Richardson reliability estimates range from .70 to .75 for different grades. The mean test-retest reliability coefficient for the six grades is .71. Normative and validity data are presented in the source document. In research applications of this instrument it has been found that responses to the VDI are not significantly affected by acquiescense response style. See: Crites, J. O. Acquiescence response style and the vocational development inventory. *Journal of Vocational Behavior*, 1971, 1(2), 189-200. A copy of the instrument is available from the author.

ATTRACTION TO WORK SCALE
Exploring means of overcoming the problem of transition from training to work. Springfield, VA, National Technical Information Service, 1971.

Wolf, Abraham, Jackson, & Stephanie F. Associates for Research in Behavior, Inc., The Science Center, Thirty-fourth and Market Streets, Philadelphia, PA 19104

The Attraction to Work Scale is designed to measure the positiveness of an individual's attitude toward employment. It was developed for use with welfare mothers enrolled in job-training programs and is one of three scales which measure factors related to the successful transition from trainee to work status. The other two scales, the Loss Scale and the Barrier Scale, deal respectively with the trainee's perception of negative aspects of work and of obstacles to employment or problems associated with employment. The scales are intended to be used as diagnostic tools and as aids in trainee counseling. The Attraction to Work Scale consists of two sets of statements concerning the advantages of working. The content of the two, 14-item sections is equivalent, and the correlation between them is .86. The respondent rates each statement in terms of extent of agreement with the item on a 5-point scale ranging from "strongly agree" to "strongly disagree." A sample item is: "Life is more interesting for people who work." The scale is scored by summing the individual item scores. The findings of a validity study are reported in the source document. A factor analysis resulted in four factors: a) Tangible benefits to children/psychological benefits to parents; b) Working permits better life than welfare; c) More life style options/less time to worry; d) Independence, freedom of movement. The implications of these factors for trainee counseling and program development are discussed in the source document. A copy of the instrument may be obtained from the author.

BARRIERS TO WORK SCALE

Exploring means of overcoming the problems of transition to work. Springfield, VA, National Technical Information Service, 1971

Wolf, Abraham, & Jackson, Stephanie F., Associates for Research in Behavior, Inc., The Science Center, Thirty-fourth and Market Streets, Philadelphia, PA 19104

The Barriers to Work Scale is designed to measure an individual's assessment of the difficulties involved in finding and keeping a job. It was developed for use with welfare mothers enrolled in job training programs and is one of three scales which measure factors related to the successful transition from trainee to work status. The other two scales, the Loss Scale and the Attraction to Work Scale, deal with the trainee's perception of the negative and the positive aspects of working. The scales are intended to be used as diagnostic tools and as aids in trainee counseling. The Barriers to Work Scale consists of two sets of statements concerning obstacles to employment. The content of the two 14-item sections is equivalent, and the correlation between them is .90. The respondent rates each statement in terms of estimated difficulty of surmounting the barrier or problem expressed in the item on a 5-point scale ranging from "extremely difficult" to "not difficult at all." A sample item is: "Not being able to raise children right because of having to be away at work." The scale is scored by summing the individual item scores. The findings of a validity study are reported in the source document. A factor analysis resulted in four factors: a) Children's respondent's health problems; 2) Loss of job/loss of other needs because of job; 3) Child care problems; 4) Ability to cope with new things, people. The implications of these factors for trainee counseling and program development are discussed in the source document. A copy of the instrument may be obtained from the author.

BROOK REACTION TEST OF INTERESTS

Cambridge, England, Psychological Laboratory, University of Cambridge, 1968.

Heim, A. W., Watts, K. P., & Simmonds, V., Psychological Library, Cambridge University, Downing Street, Cambridge, England

The Brook Reaction Test is an instrument designed to measure vocational interests as well as tempermental predisposition. The instrument is intended for use with any literate group from age 12 years upward, primarily for vocational and educational guidance. The BRTI is a group test, the stimulus words having been prerecorded on tape. It consists of 80 stimulus words which are presented orally in a word association format. The subject is given 12 seconds to write as many words as possible after the stimulus word is presented. The subject is asked to give consecutive answers to the stimulus word. A sample stimulus word is "canvas." As an example, a subject may respond to "canvas" with the words "oil painting Van Gogh." The development of the instrument is described in Brook, D. F., Heim, A. W., & Watts, K. P. The Brook reaction test of interests. *British Journal of Psychology*, 1966, 57, 171-185; Heim, A. W., Watts, K. P., & Simmonds, V. The Brook reaction as a test of temperament, *British Journal of Social and Clinical Psychology*, 1967, 6, 304-312. The test is administered orally. Word responses consisting of two or more words are given four interest points. The points are scored in terms of 22 possible interest categories, and there are, in addition, five indices of temperment. Normative data and a further description of the scoring system appears in Heim, A. W. The Brook reaction as a test of interests and temperament. *Occupational Psychology*, 1968, 42, 105-110. Validity data are available in Heim and Watts (1966). Reliability data are available in Kline, P. The reliability of the Brook test. *British Journal of Social and Clinical Psychology*, 1968, 8, 83-84. It has been established that response set controls are not necessary for the instrument. To date, the major applications of the instrument have been with university students, school children, and secretaries. A copy of the instrument tape, along with the manual response sheets and score sheets, can be obtained from the National Foundation for Educational Research Company, Ltd., 2 Jennings Buildings, Thames Avenue, Windsor, Berkshire, England, SL4 1QS.

CAREER DEVELOPMENT INVENTORY, FORM I

New York, Columbia University, 1972.

Super, Donald E., Bohn, Martin J., Forrest, David J., Jordaan, Jean-Pierre, Lindeman, R. H., & Thompson, Albert S., Teachers College, Columbia University, New York, NY 10027

The Career Development Inventory (CDI) is an objective, multifactor, self-administering, paper and pencil inventory measuring the vocational maturity of adolescent boys and girls. This instrument yields three scores. Two of them are attitudinal and one of them is cognitive, plus a total score. The scales are: 1) Planning Orientation (33 items); 2) Resources for Exploration (28 items); and 3) Information and Decision-Making (30 items). These three scales were obtained from the factor analysis of 13 original scales. The questions were written so they would be appropriate for both boys and girls. The degree of reading difficulty of the CDI makes its usage appropriate at and above the sixth grade level. Its vocabulary and content make it acceptable to junior and senior high school students in any grade. For the average student, the CDI takes no more than a half-hour to complete. All students should easily complete the CDI within 50 minutes. The CDI does not measure aptitude, school achievement, or occupational skill and competence. The CDI seeks to assess career or vocational development. It may be used for both group and individual counseling or for evaluating career on vocational development. The test-retest reliabilities for each of the three tests are .85, .82, and .71; for the total the reliability coefficient is reported to be .87. Research by the authors suggests some validity for all three scales. A copy of the instrument, preliminary manual, and additional information are available from the first author.

DESIGN PERCEPTION CARDS

Design Perception Cards: A numerically scored projective technique for use in business and industry. Perceptual and Motor Skills, 1966, 22, 595-600.

Colenaty, Charles, Management Counselors Associates, 12121 Wilshire Boulevard, Los Angeles, CA 90025

The Design Perception Cards test (DPC) is a projective personality test developed for personnel selection in business and industry. This instrument, developed in 1948, assesses characteristics such as emotional stability, maturity, interpersonal skills, action orientation, and motivation. The test is short, untimed, easily self-administered, and cannot be slanted by test-wise subjects. The DPC consists of 12 cards, each of which contains a simple line drawing and a card which contains the instructions needed to take the test. The subject is instructed to write on an answer sheet what each of the designs looks like to him. When all 12 designs have been identified, the subject is requested to return to the first card and write down once more what each design looks like to him. The objective scoring procedure was developed through an analysis of the responses of 2,000 subjects from a range of 15 occupational classifications and four clinical groups. Ten general response categories, each with six to ten subcategories have been derived. For example, under major category one the various subcategories are related to content. Subcategory I is "people-connected depth," and subcategory III is "people-connected 2-dimensional." The subject's response to each card is scored by designating the most applicable subcategory for each of the 10 major categories. Interscorer reliabilities of .88 and .92 have been reported by the author. In research applications of this instrument it has been found that the DPC has been useful in identifying effective managers and successful salesmen. A later study (Colenaty, C. The design perception cards test as a predictor of sales ability. Perceptual and Motor Skills, 1968, 26, 907-910.) established the validity of the DPC as a predictor of sales ability. The DPC has also been found to be useful in predicting work performance of 26 female bakery products sales attendants (Colenaty, C. The design performance cards as a predictor of work performance of female sales attendants. Perceptual and Motor Skills, 1969, 28, 855-856). A copy of the instrument and scoring procedures are available from the author.

THE EXPECTATION ELICITOR

Significant others, the self-reflexive act and the attitude formation process. American Sociological Review, 1971, 36, 74-87.

Woelfel, Joseph, & Haller, Archibald, no address for the first author

The Expectation Elicitor (EE) was developed to tap the educational and occupational expectations of individuals named by 100 Wisconsin high school seniors as communicators of educational and occupational information. For each subject, a class of individuals, labeled significant others (SOs) were identified by means of a second instrument, the Significant Others Elicitor. These significant others were defined as those persons who influence a particular subject's educational and occupational attitudes by transmitting information about four nature-function aspects of occupation and education: 1) Their intrinsic nature; 2) Their extrinsic nature; 3) Their intrinsic function; 4) Their extrinsic function. The persons identified as SOs by subjects were contacted and asked to complete one or more of the 12 questionnaires which comprise the EE, each designed for particular classes of significant others. In administering the EE questionnaires, the following parameters were used to classify significant others: 1) Those SOs reported by the subject to provide educational information (educational SOs), and those reported to provide occupational information (occupational SOs); 2) Those SOs who communicate information on education or occupation through language (definers), and those who communicate information by example (models); 3) Those SOs reported to provide information about the objects themselves, i.e., education and occupation (object SOs), and those providing information about the specific relationship of the subject to education and occupation (self SOs). The 12 forms of the EE are used to assess each significant other's orientation to the object (education or occupation) regarding which he has influenced the subject. The 12 forms comprising the EE are: 1) Form 01 is used with either model or definer occupational SOs, and consists of securing the SOs definition of occupation as an object by having him rate occupation in terms of the four nature-function categories; 2) Form E1 is the counterpart of the above form to be used with educational SOs; 3) Form 02 is used with model and self SOs and consists of having subjects rate by preference or hierarchy of jobs; 4) Form E2 is the educational equivalent of 02; 5) Form 03 assesses how important each of the four nature-function categories is to the SO in his consideration of occupations and is used with occupation SOs only; 6) Form E3 is the educational counterpart of 03; 7) Form 04 is designed for use with occupational, definer, and self SOs, and asks the individual to rate by preference a hierarchy of jobs which express his expectations for the individual for whom he is a significant other; 8) Form E4 is the educational equivalent of Form 04; 9) Form 05 is designed for occupational, self, and definer SOs and measures the significant other's feeling about the subject's orientation to the four nature-function categories; 10) Form E5 is the educational equivalent of form 05; 11) Form 01 is administered to all significant others and measures personal variables such as age, sex, socioeconomic data, etc.; 12) Form E02 is administered to all significant others and measures the degree to which the respondent is confident of his answers. The educational and occupational attitudes and expectations of significant others as measured by the EE were related to subjects' educational and occupational aspirations. It was found that significant others significantly influenced educational and occupational attitudes of subjects through their ability to define the concepts of education, occupation, and self. Further information, reliability and validity data, and a copy of the EE are available in the source document.

THE INDECISION SCALE

The development and validation of an indecision scale: The natural history of a problem in basic research. Journal of Counseling Psychology, 1964, 11(1), 27-34.

Holland, John L., & Nichols, Robert C., Developmental Research Division, Educational Testing Service, Princeton, NJ

The Indecision Scale is an instrument designed to distinguish between individuals who can or cannot make a vocational choice. It is intended for use with male and female high school students and was developed to find variables that would distinguish between vocationally decided and undecided groups. The significant predictors are different for males and females. The Indecision Scale consists of 15 items describing recreational, athletic, and scholastic activities. The recreational activities are checked by the examinee if participated in regularly or frequently in the last four years; the athletic and school items are checked off if they are liked. A sample item characteristic of the decided group of males is roller skating. Items characteristic of the undecided group are given a score of "1" if checked off; decided items are given a score of "1" if blank. The Indecision Scale was developed empirically by item analyzing 273 activities, hobbies, school subjects and sports for 500 male and 500 female National Merit Finalists who were divided into vocationally decided and undecided groups. The Indecision Scale is self-administering. Reliability and Validity data are reported in Holland and Nichols (1964) for the original 15-item scale and in Baird (1968) for a 32-item scale for men and a 20-item scale for women. The original test authors consider the practical value of the Indecision Scale to be remote. The author of the revision (Baird, L. L. The indecision scale: A reinterpretation. Journal of Counseling Psychology, 1968, 15(2), 174-179) considers the scale predictive of broad general effectiveness. The authors concur that research correlating the Indecision Scale with other variables indicates that vocationally undecided students tend to be complex, creative, and broadly effective.

JOB ANALYSIS AND INTEREST MEASUREMENT

The psychological dimensions of work: A research approach through use of a self-report inventory. Atlanta Educational Testing Service, 1964.

Walther, Regis H., Manpower Research Projects, The George Washington University, 2031 F Street, Washington DC 20006

The Job Analysis and Interest Measurement (JAIM) is a self-description inventory with 154 items most of which employ a forced choice format. The instrument is designed to reflect an individual's self-reported beliefs, behavioral styles, work preferences, and values. The JAIM has been found to be effective in differentiating among occupational categories. It has been used in studies of more than 50 occupational groups. The variables measured by the JAIM are: "Optimism"; "Self-confidence"; "Interpersonal trust"; "Conservative-conventional"; "Plan ahead"; "Orderliness"; "Emotional control"; "Schedule activities"; "Self-assertive"; "Supportive of others"; "Take leadership"; "Reaction to aggression"; "Concrete-practical"; "Systematic-methodical"; "Relation to authority"; "Leadership style"; "Motivational style"; "Work preferences"; "Values." Sample items are: 1) "You consider yourself to be (unusually orderly, more orderly than average, about average in orderliness, somewhat below average in orderliness, considerably below average in orderliness)"; "You have often been double crossed by people (often, sometimes, seldom, almost never)"; "You feel that you are at your best (when dealing with the unusual or unexpected, when following a routine or a carefully worked out procedure)"; "If a person behaves toward you in a dictatorial or domineering fashion, you (keep away from him if you can, have it out with him, try to win him over)". Based on test-retest procedures, with the two administrations four days apart, reliability is estimated to be in the low .70's. Validity data are also available. A copy of the instrument may be obtained from the Atlanta Office of the Educational Testing Service.

A LOWER LEVEL JOB INTEREST TEST

Journal of Industrial Psychology, 2(3):66-70.

Robinson, Ernest L., & Grigg, A. E., Department of Psychology, Georgia State College, Atlanta, GA 30303

A Lower Level Job Interest Test is an instrument designed to measure occupational interest among populations with similar educational backgrounds. The instrument is intended especially for use with prison inmates, public employment agencies, and in any setting where classification or assignment of large groups of relatively modest to average socioeconomic background is involved. The instrument contains a listing of 98 paired job titles which comprise seven occupational interest areas as classified by Roe (1956): "Service"; "Business contact"; "White collar clerical"; "Technology"; "Outdoor"; "Science"; "Arts and entertainment." The format of the test follows that used by Thurstone (1947): Two pages are divided into seven rows and seven columns, creating 49 cells. In each cell there is a pair of occupations so arranged that the first items in any column represent the same area of interest, and the second item in any row represents the same area of interest to permit cross field comparison. Subjects are instructed to indicate their preference for each pair by encircling the preferred occupation; both members of a pair may be circled if interest is equal and both may be crossed out if no preference or interest exists. Sample paired items are: "Sheet metal worker versus file clerk"; "TV cameraman versus chef"; "Fish and game warden versus draftsman." The instrument was developed through research with inmates of the Virginia State Penitentiary and with samples of car salesmen, mechanics, embalmers, postal clerks and students. The instrument is self-administered in approximately 10 minutes. Split-half reliabilities range from .87 to .95 when corrected. Validity data are reported in the source document. Five of the interest scales are found to yield significant validity coefficients when tested by the criterion group method. To date, the major uses of the instrument have been by Veterans Administration counselors and state vocational and rehabilitation counselors. A copy of the instrument is available from the second author. Relevant references are Roe, A. *The psychology of occupations*. New York: Wiley, 1956; and Thurstone, L. L. *Thurstone interest schedule*. New York, Psychological Corporation, 1947.

THE MEDICAL SPECIALTY PREFERENCE INVENTORY, DEVELOPMENT AND APPLICATIONS

St. Louis, Department of Psychiatry, St. Louis University, 1971.

Zinay, George H., & Senturia, Audrey G., 1221 South Grand Boulevard, St. Louis, MO 63104

The Medical Specialty Preference Inventory (MSPI) was developed as an instrument for assessing the degree of preference expressed for different medical specialties. The MSPI was constructed by having specialists identify the characteristics of each of five specialty areas: 1) Internal medicine; 2) Obstetrics-gynecology; 3) Pediatrics; 4) Psychiatry; and 5) Surgery. The authors generated 185 items describing aspects of each of the specialty areas. These 185 items were sent to 147 professionals representing each of the specialties. These respondents rated each item in terms of a 7-point scale ranging from "hardly, if at all characteristic," to "extremely characteristic." In this manner, all items were categorized as to specialty and degree of characteristicness with regard to that specialty. A pool of 138 specialty items was then used to measure student preferences for a given specialty area. Ratings were made by medical students in terms of a 7-point scale ranging from "hardly, if at all desirable," to "extremely desirable." Ratings of specialists as to characteristicness were then compared with students' preference ratings. The students score on a given item was based on the difference between the specialists' assessment of that item's characteristicness, and the student's rating of the item's desirability. Thus if a student rated a particular characteristic as highly desirable, and criterion ratings by specialists gave that item high ratings as to characteristicness for a given specialty, the student would receive a low discrepancy score for that item. Discrepancy scores were similarly computed for each specialty area. Student discrepancy scores were converted to standard scores by comparing them with the distribution of specialist ratings. Thus, a student's score could represent him as standing a given number of standard deviation units above or below the mean specialist score. Item content for the specialist and student sections of the MSPI is essentially parallel. Sample MSPI items are: "A specialty which involves treating endocrine diseases"; "A specialty to which referrals are made by surgeons, etc." High levels of predictive and concurrent validity have been established for the MSPI. Reliability coefficients for the five specialty areas ranged from .86 to .93. Further information and a copy of the MSPI may be found in the source document.

MINNESOTA IMPORTANCE QUESTIONNAIRE

Minneapolis, Industrial Relations Center, University of Minnesota, 1971.

Gay, Evan G., Weiss, David J., Hendel, Darwin D., Dawis, Rene V., & Lofquist, Lloyd H., Vocational Psychology Research, Department of Psychology, Elliott Hall, University of Minnesota, Minneapolis, MN 55455

The Minnesota Importance Questionnaire (MIQ) is a 210-item, pair-comparison, forced choice instrument designed to measure 20 vocationally relevant need dimensions: "Ability utilization"; "Achievement"; "Activity"; "Advancement"; "Authority"; "Company policies and practices"; "Compensation"; "Co-workers"; "Creativity"; "Independence"; "Moral values"; "Recognition"; "Responsibility"; "Security"; "Social service"; "Social status"; "Supervision-human relations"; "Supervision"; "Variety"; "Working conditions." The reading difficulty of the statements is approximately at the fifth grade level. For items 1 to 190 the respondent is asked to choose from between two statements the one which represents the more important characteristic of his ideal job. Each pair of statements represents one item. For items 191 to 210 the individual is asked to indicate whether or not each of the 20 statements is important in his ideal job. Sample items include: a) "I could tell people what to do," b) "I could work alone on the job"; a) "I could do something different every day," b) "I could get recognition for the work I do"; a) "I could make decisions on my own," b) "The job would have good working conditions." The MIQ is self-administering and takes about 30 to 40 minutes to complete. Scoring of the MIQ includes computation of adjusted scale values for the 20 vocational need scales and a total circular triad score. In addition, error bands are computed around each individual adjusted scale value. Adjusted scale values range from "-4" to "+4." Scale values greater than zero indicate needs that are important while those below zero indicate needs that are unimportant. Each individual profile is determined solely by the responses to the MIQ rather than by comparisons to a normative group. The circular triad score is used to indicate factors that might invalidate an individual's profile, such as random responding, response sets, etc. Error bands indicate the range of indecision for the respondent in each vocational need dimension. It is not feasible to score the MIQ by hand. The authors, however, have developed a computer scoring service for the MIQ which provides a computer printed report for each individual. This report compares each individual's MIQ profile directly with the Occupational Reinforcer Patterns of 148 occupations. For each occupation a prediction of job satisfaction is given. Reliability and validity data, additional information, a copy of the manual, and a copy of the instrument are available from David J. Weiss at the address cited above.

N W INVENTORY

Worcester, MA, Nordli, Wilson Associates, 1970.

Wilson, J. Watson, 206 Professional Building, 27 Elm Street, Worcester, MA 01608

The N W Inventory (NWI) is an instrument designed to measure general personality characteristics, such as emotional stability, insight, motivation, verbal ability, honesty, and sales aptitude. The instrument is designed primarily for selection and evaluation of sales persons, but can also be utilized as a diagnostic instrument for clinical evaluation. The NWI comprises a set of cards with statements printed on them. The statements require the subject to make choices or in some cases to respond with definite answers. The subject is asked to sort the cards into one of two boxes, A or B, indicating true or false responses, preferences or responses with definite correct answers. For example, a card may be similar to this: "I like dogs." (true or false); or "If I had my choice, I'd prefer (apple pie, peach pie)." The subject is instructed to sort the cards as if he were presenting himself to someone or analyzing himself. The NWI can be administered by a well-trained secretary or clerk. There is no time limit for completion, but total time to complete the test is recorded. The NWI comprises four major scales, L Scale, for validity of answers; S Scale, the individual's degree of stability; N Scale, which describes his basic needs pattern; and the Sales Scale, which measures several sales connected characteristics. All the scales, including minor subscales are hand scored. The NWI has a reliability coefficient of +.80. To date, the major application of the complete instrument has been in selection and evaluation of sales personnel. The L, S, and N scales as a group have been used extensively for clinical evaluation of individuals. A copy of the instrument is available from the author.

OCCUPATIONAL ASPIRATION SCALE

East Lansing, Michigan Agricultural Experiment Station, Michigan State University, 1957.

Haller, Archibald O., Department of Rural Sociology, University of Wisconsin, Madison, WI 53706

The Occupational Aspiration Scale (OAS) is designed to measure the level of occupational prestige that an individual considers to be his goal. The level of occupational aspiration has been determined to be at least a moderately successful predictor of levels of educational and occupational attainment. The OAS consists of eight multiple-choice items, each listing 10 different occupations of various prestige levels from which the respondent is to choose. There are four types of items dealing with which occupation the respondent would choose for an ideal short-term goal, a realistic short-term goal, an ideal long-term goal, and a realistic long-term goal. The prestige rankings of occupations are scored from "0" to "9" and were obtained from The National Opinion Research Center. See: Jobs and occupations: A popular evaluation. *Opinion News*, 1947, 9, 3-13. The OAS is designed primarily for use with male high school students. It takes about 20 minutes to administer and may be given individually or in groups. It may be scored by hand in one to two minutes. The total score is obtained by adding together the prestige level numbers of all occupations chosen. Information on means, standard deviations, reliability, internal concurrent validity and behavioral relevance may be found in Miller, I. W., & Haller, A. O. A measure of level of occupational aspiration. *Personnel and Guidance Journal*, 1964, 42, 448-455. More complete data are to be found in Haller, A. D., & Miller, I. W. The occupational aspiration scale. Cambridge, Schenkman Publishing Co., 1971. Generally, the data indicate substantial reliability and validity, although information on the occupational and educational attainment for a large sample of high school students has not been published yet. A copy of the instrument may be obtained from the author.

READINESS OF CAREER PLANNING INTERVIEW

Final Report, OEG-1-7-062151-0471, October 1969.

Gribbons, Warren D., & Lohnes, Paul R., School of Education, Foster Annex, State University of New York at Buffalo, Buffalo, NY 14222

The Readiness for Career Planning Lohnes Interview Schedule (RCP) is an instrument designed to measure vocational maturity. The instrument is intended for use with junior high school students by their counselor and is designed primarily to serve as a predictor of subsequent career adjustment. The instrument contains 22 items which the counselor must respond to with one of three alternatives: "Immature response"; "Mature response"; "Superior." Sample items are: "What curriculum programs are available in the ninth grade?"; "Why did you choose the _________ program?"; "What are the advantages of a college preparatory program?"; "What activities do you have that will help you to be successful in your ninth grade program?" "What particular interests do you have that your chosen occupation would satisfy?" "What part should adults such as parents and teachers play in making plans for your future?" The instrument was developed from a revision of a vocational maturity measure titled Readiness for Vocational Planning which was used in the 11-year Career Development Study. The instrument is administered through an interview situation between the counselor and student. Normative data are available in the source document. To date, the major applications of the instrument have been in the field of career development and vocational guidance. A copy of the instrument is available in the source document.

VOCATIONAL DECISION-MAKING CHECKLIST

Unpublished instrument, Southern Illinois University, 1970.

Harren, Vincent A., Department of Psychology, Southern Illinois University, Carbondale, IL 62901

The Vocational Decision-Making Checklist (VDC) is a partially developed instrument designed for use in research on the vocational decision-making process of college students. The instrument contains 56 items. A sample item is: "I can't decide which of two or three possible majors to choose." The VDC is based on a portion of the Tiedman Vocational Decision-Making Model (Tiedman, D. V., & O'Hara, R. P. *Career development: choice and adjustment*. New York: College Entrace Examination Board, 1963). The original research on the construction of the instrument and its construct validation are reviewed in Harren, V. A. The vocational decision-making process among college males. *Journal of Counseling Psychology*, 1966, 13. The instrument is self-administering and consists of checking off those items that represent current feelings or problems. Scoring is by hand; separate answer sheets and machine-scoring are recommended for large samples. A copy of the instrument is available from the author.

THE WORK ORIENTATION QUESTIONNAIRE

A study of the work orientation of welfare recipients participating in the work incentive program. Final Report, U. S. Department of Labor Contract 51-09-69-02, August 1971.

Goodwin, Leonard, Brookings Institute, 1775 Massachusetts Avenue, North West, Washington DC

The Work Orientation Questionnaires were designed for use in a study of welfare recipients who were involved in the federal government's Work Incentive Program (WIN). The purpose of the study was to compare the work orientations of WIN trainees with the orientations of regularly employed persons and to compare the work orientations of trainees at the time of entry with measures of work performance at time of termination from WIN. There are four questionnaires: 1) Self-administering form for WIN trainees; 2) Home interview form; 3) Form for staff members; 4) WIN trainee follow-up form. The instruments are all rating scales composed of items to be rated. Sample items are: "Getting respect from your friends" (one to five, best way of life to worst way of life); "Having a job where you could become famous" (one to five, best way of getting enough to live on to worst way of getting enough to live on); "Leave your family" (one to four, certainly would do that to never would do that); "Most people work" (one to four, disagree to agree). Intercorrelation and reliability data are available in the source document. A copy of the instrument is printed in the author's book, *Do the poor want to work?* Washington, DC: Brookings Institution, 1972.

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